07/15/2011 16:38

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously Alexandria ٧A 22314 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00024968 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Thomas E. Nye, O.D. Type or Print Name of Treasurer Electronically Filed by Thomas E. Nye, O.D. 07 15 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Optometric Association Political Action Committee

FEC Form 3X (Rev. 02/2003)

D D <sup>®</sup>D 0 1 06 2011 0.6 3 0 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011<sup>°</sup> 393463.33 January 1 (b) Cash on Hand at 499998.19 Begining of Reporting Period ..... 71114.96 414605.73 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 571113.15 808069.06 6(a) and 6(c) for Column B) ..... 123139.43 360095.34 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 447973.72 447973.72 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

м м 0 1 м°м 06 3 0 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 55449.79 278543.29 (i) Itemized (use Schedule A) ...... 14133.52 134188.64 (ii) Unitemized ..... (iii) TOTAL (add 69583.31 412731.93 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 69583.31 412731.93 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 1500.00 1500.00 Political Committees ..... 17. Other Federal Receipts 31.65 373.80 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 71114.96 414605.73 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 71114.96 414605.73 (subtract Line 18(c) from Line 19) .....

FE6AN026

### DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)		Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	2139.43	13470.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	2139.43	13470.34
22. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees	121000.00	346500.00
and Other Political Committees  4. Independent Expenditure	121000.00	348300.00
(use Schedule E)	0.00	0.00
<ol> <li>Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))</li> </ol>	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
Ī		
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	125.00
man Foilical Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	125.00
9. Other Disbursements	0.00	0.00
9. Other disbursements	0.00	0.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
1	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	2.22	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22,	100100 10	200005-04
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	123139.43	360095.34
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	123139.43	360095.34

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	69583.31	412731.93
34.	Total Contribution Refunds (from Line 28(d))	0.00	125.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	69583.31	412606.93
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2139.43	13470.34
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2139.43	13470.34

FE6AN026

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the crieck only one)
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used using the name and address of any political tion Political Action Committee	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr John D Coble Mailing Address 1501 Sunset I City Rockwall  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State Zip Code TX 75087-3216  C Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 0 1 2 0 1 1  Transaction ID: 33378187  Amount of Each Receipt this Period  83.35
Receipt For:  Primary General  Other (specify) ▼		500.10
Full Name (Last, First, Middle Initia Dr Dirk E Graves  Mailing Address 106 Elliott Cir  City  Anderson		Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer Self Employed	Occupation Doctor of Optometry	Amount of Each Receipt this Period  125.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initia Dr Kevin Katz Mailing Address 1205 Pin Oak		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Dickinson</u> FEC ID number of contributing federal political committee.	State         Zip Code           TX         77539-3320	Transaction ID: 33401793  Amount of Each Receipt this Period  163.64
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	981.84
SUBTOTAL of Receipts This Page (	ptional)	371.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 100 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Kathleen E Powell Mailing Address 9710 Copper Drive  City Anchorage  FEC ID number of contributing federal political committee.	State Zip Code AK 99507-1226  C Occupation	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Doctor of Optometry  Aggregate Year-to-Date ▼  510.00	
Full Name (Last, First, Middle Initial) Dr Dirk Michael Beyer  Mailing Address 709 South 5Th St  City  Hamilton	State Zip Code MT 59840-2755	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General	Occupation Doctor of Optometry  Aggregate Year-to-Date   344.29	144.29
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr Robert L Jarrell, III  Mailing Address 50 Cedar Hill Rd  City	State Zip Code	Date of Receipt    M M
Albuquerque  FEC ID number of contributing federal political committee.	NM 87122-1928	Amount of Each Receipt this Period  285.72
Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   571.44	
SUBTOTAL of Receipts This Page (option	al)	515.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 100 (check only one)    X
0	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	litical Action	Committee	
۸.	Pull Name (Last, First, Middle Initial) Dr Robert J Fleckenstein  Mailing Address 1830 Rebel Ridge			Date of Receipt
				06 04 2011
	City	State	Zip Code	Transaction ID: 33402583
	Anchorage FEC ID number of contributing federal political committee.	C	99504-2900	Amount of Each Receipt this Period  85.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 510.00	
	Full Name (Last, First, Middle Initial) Dr Stanley Woo	1		Date of Receipt
	Mailing Address 2501 Nicholson St	06 04 2011		
	City	State	Zip Code	Transaction ID: 33402586
	Houston	TX	77008-2022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	<del></del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
. –	Full Name (Last, First, Middle Initial) Dr Harvey B Richman, FAAO	l		Date of Receipt
	Mailing Address 136 Main Street			0 6 0 4 2 0 1 1
	City	State	Zip Code	Transaction ID: 33402587
	Manasquan	NJ	08736-3558	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.02	
Γ	SUBTOTAL of Receipts This Page (optional)	1		376.67

SCHEDULE A ( ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 100 (check only one)    X   11a
or for commercial purpos  NAME OF COMMIT	ses, other than using the name an	d address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, Firs Dr Julie A Toon Mailing Address 22  City	,	te Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Wichita FEC ID number of co	ontributing KS	67226-1157	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed  Receipt For: Primary Other (specify)	Occu Doct Aggr	pation or of Optometry egate Year-to-Date ▼	
Full Name (Last, Firs Dr David Edward Mag Mailing Address P	nus		Date of Receipt  0 6 0 5 2 0 1 1
City	Sta	-	Transaction ID: 33402591
Corrales FEC ID number of co	nittee.		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed  Receipt For: Primary Other (specify)	General Doct	pation or of Optometry egate Year-to-Date ▼ 300.00	
Full Name (Last, Firs Dr Jeffrey J Neighbors Mailing Address 1			Date of Receipt  0 6 0 5 2 0 1 1
City	Stat	te Zip Code	Transaction ID: 33402594
Eagle Grove FEC ID number of confederal political comm		50533-2121	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed		pation or of Optometry	
Receipt For: Primary Other (specify)	Aggr General Aggr	egate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipt	s This Page (optional)		200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 100 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Po	Statements may not be sold or used by any per- le name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Clarke D Newman  Mailing Address 7700 Greenway Blvd  City Dallas	A-4  State Zip Code  TX 75209-7324	Date of Receipt  0 6 0 5 2 0 1 1  Transaction ID: 33402595  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date  750.00	250.00
Full Name (Last, First, Middle Initial) Dr Frederick P Darin Mailing Address 405 Tirrell Rd  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General	State Zip Code MI 48813-2131  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  300.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Christopher J Colburn  Mailing Address 30 Winchester Rd  City  Lakewood  FEC ID number of contributing federal political committee.	State Zip Code NY 14750-1734	Date of Receipt  M M O O O O O O O O O O O O O O O O O
Name of Employer Self Employed  Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  500.04	
SUBTOTAL of Receipts This Page (optional)		383.34

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 100 (check only one)    X   11a
or for cor	mation copied from such Reports and Si mmercial purposes, other than using the E OF COMMITTEE (In Full) rican Optometric Association Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A. Dr Mid Mailin City Platt FEC I	lame (Last, First, Middle Initial) chael L Tashner  g Address 925 Golfview Dr  eville  ID number of contributing al political committee.	State WI	Zip Code 53818-9783	Date of Receipt  M M M O G O G O G O G O G O G O G O G O
Recei	e of Employer Employed  pt For:  Primary General  Other (specify)		f Optometry  Year-to-Date ▼  365.00	]
B. Dr Joe	lame (Last, First, Middle Initial) el Gregory Bailey g Address 311 Pond View Lane	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
FEC I	ngton  ID number of contributing al political committee.	SC C Occupation	29072-2419	Amount of Each Receipt this Period 250.00
Recei	e of Employer Employed  pt For:  Primary General  Other (specify)	Doctor of	f Optometry  • Year-to-Date ▼  500.00	
Dr Th	lame (Last, First, Middle Initial) omas W Liner og Address 20 Lynn Drive			Date of Receipt  0 6 0 2 2 0 1 1
City Cove	entry ID number of contributing	State RI	Zip Code 02816-6540	Transaction ID: 33411067  Amount of Each Receipt this Period
federa	al political committee.  of Employer Employed	Occupation		250.00
Recei	pt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 250.00	
SUBTO	TAL of Receipts This Page (optional)	<u> </u>		865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 100 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	In the sold or used by any persondress of any political committee to	
NAME OF COMMITTEE (In Full)  American Optometric Association Poli	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Richard Scott Liner			Date of Receipt
Mailing Address 74 Woodcove Dr			0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33411068
Coventry	RI	02816-6615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Randy L Fitzgerald			Date of Receipt
Mailing Address 1305 Rawhide Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Gillette	State WY	Zip Code 82716-1823	Transaction ID: 33411070  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr Joseph C Maycock	1		Date of Receipt
Mailing Address Po Box 311			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Gillette	State WY	Zip Code 82717-0311	Transaction ID: 33411071  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	-
Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 100 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full)  American Optometric Association Polit	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Joseph L Fischer			Date of Receipt
Mailing Address P O Box 59			06 02 2011
City	State	Zip Code	Transaction ID: 33411072
<u>Marmarth</u>	ND	58643-0059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr Robert Leroy Mills			Date of Receipt
Mailing Address 907 Fairway Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33411073
<u>Gillette</u>	WY	82718-7612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr Roger L Jordan			Date of Receipt
Mailing Address 3329 Paintbrush Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33411074
Gillette	WY	82718-7616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 100 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any person g the name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		Data of Dassint
Dr John A Conroy  Mailing Address 314 Gause Ave		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33411089
Milbank	SD 57252-3610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name (Last, First, Middle Initial) Dr Marshall P Dorsett	I	Date of Receipt
Mailing Address 12938 Ironwood D	)rive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33411094
Aberdeen	SD 57401-8106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr Angela J Hase		Date of Receipt
Mailing Address 2219 13Th Ave Se	)	0 6 D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33411119
Aberdeen	SD 57401-7334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
SUBTOTAL of Receipts This Page (option	nal)	140.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 100 (check only one)    X   11a
Any information copied from such or for commercial purposes, other  NAME OF COMMITTEE (In F American Optometric Ass	than using the name and a	ddress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle of Dr Hope Bernard-Marandola of Mailing Address 213 Spaul of City of Plainfield of FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State CT C		Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggrega	of Optometry te Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle   Dr Wayne D Ellenbecker Mailing Address 2377 Pala  City		Zip Code	Date of Receipt    M   M   D   D   D   Y   Y   Y   Y   Y   Y   Y
Coeur D Alene FEC ID number of contributing federal political committee.	ID C	83815-9136	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	Doctor Aggrega	of Optometry te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Dr Cynthia L Ellenbecker  Mailing Address 2377 Pala	,		Date of Receipt  0 6 0 3 2 0 1 1
City Coeur D Alene FEC ID number of contributing	State ID	Zip Code 83815-9136	Transaction ID: 33411165  Amount of Each Receipt this Period
federal political committee.  Name of Employer Self Employed	Occupat	ion of Optometry	250.00
Receipt For: Primary General Other (specify)	Aggrega	te Year-to-Date  250.00	
SUBTOTAL of Receipts This Pa	ge (optional)		800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 100 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers name and address of any political committee to	
American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen		Date of Receipt
Mailing Address 3930 W 19Th St Ln		06 08 2011
City	State Zip Code	Transaction ID: 33421983
Greeley	CO 80634-3446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Sean Michael Stevens	l	Date of Receipt
Mailing Address 23 Farm Brook Way		0 6 0 8 Y Y Y Y Y
City	State Zip Code	Transaction ID: 33421988
Simpsonville	SC 29681-3509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Billie Parks Skinner		Date of Receipt
Mailing Address 427 Falling Rock Wa	у	0 6 0 8 2 0 1 1
City	State Zip Code	Transaction ID: 33421989
Greenville	SC 29615-4985	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		300.00

A. Full Name (I Dr Rebecca I Mailing Addresse For:  Primal Other  Full Name (I Dr Rebecca I Mailing Addresse For:  Primal Other  Receipt For:  Primal Other  Receipt For:  Primal Other  Receipt For:  Primal Other	nber of contributing cal committee.  Inployer red  General (specify)  Last, First, Middle Initial)	State NC  Occupation Doctor of	Committee  Zip Code 28730-7721	Date of Receip  M M / D  O 6  Transaction IE  Amount of Eac  Date of Receip  M M M / D  O 6  Transaction II	ot
Full Name (I Dr Rebecca I Mailing Adding Adding Adding Adding Adding FEC ID num federal political Primary Other  B. Full Name (I Dr Robert P I Mailing Adding Addin	Last, First, Middle Initial) H Wartman ress 46 Lambeth Walk  The of contributing cal committee.  The of contributing cal contributing cal committee.	State NC C Occupation Doctor of Aggregate State ND	Zip Code 28730-7721  n f Optometry e Year-to-Date  Zip Code	Date of Receipt 0 6 6 Transaction IE	0.8
A. Dr Rebecca I Mailing Addr  City Fairview FEC ID num federal politic  Name of Em Self Employ  Receipt For: Primar Other  B. Dr Robert P I Mailing Addr  City Minot FEC ID num federal politic  Name of Em Self Employ  Receipt For: Primar Other  C. Full Name (I Dr Minot)  FEC ID num federal politic  Name of Em Self Employ  Receipt For: Primar Other	H Wartman  ress 46 Lambeth Walk  The property of contributing cal committee.  Inployer red  Try General (specify)   Last, First, Middle Initial)  Nyre  ress 2505 10Th Ave Nw	Occupation Doctor of Aggregate  State ND	28730-7721  n f Optometry e Year-to-Date ▼  1000.00  Zip Code	Date of Receipt 0 6 6 Transaction IE	0.8
Fairview  FEC ID num federal politic Name of Em Self Employ  Receipt For: Primal Other  B. Dr Robert P I Mailing Addit City Minot  FEC ID num federal politic Name of Em Self Employ  Receipt For: Primal Other  Full Name (I Dr Mindy Ste	cal committee.  Inployer red  General (specify)  Last, First, Middle Initial) Nyre  ress 2505 10Th Ave Nw	Occupation Doctor of Aggregate  State ND	28730-7721  n f Optometry e Year-to-Date ▼  1000.00  Zip Code	Date of Receipt 0 6 6 Transaction IE	o: 33421991 ch Receipt this Period 200.00  ot 0 8  2 0 1 1  o: 33421993
FEC ID num federal politic  Name of Em Self Employ  Receipt For: Primal Other  Full Name (I Dr Robert P I Mailing Addi  City Minot  FEC ID num federal politic  Name of Em Self Employ  Receipt For: Primal Other  Full Name (I Dr Mindy Ste	cal committee.  Inployer red  General (specify)  Last, First, Middle Initial) Nyre  ress 2505 10Th Ave Nw	Occupation Doctor of Aggregate  State ND	n f Optometry e Year-to-Date ▼ 1000.00	Date of Receip  M M M / D  O 6  Transaction IE	200.00 ot 0 8 2 0 1 1 o: 33421993
Full Name (I Dr Mindy Ste	ry General (specify) ▼  Last, First, Middle Initial) Nyre ress 2505 10Th Ave Nw	Doctor of Aggregate State ND	f Optometry e Year-to-Date ▼  1000.00  Zip Code	M M / D 0 6  Transaction IE	0 8 2 0 1 1 2 33421993
Full Name (I Dr Robert P I Mailing Address Minot  FEC ID num federal politic  Name of Em Self Employ  Receipt For:  Primar Other  Full Name (I Dr Mindy Ste	ry General (specify) ▼  Last, First, Middle Initial) Nyre ress 2505 10Th Ave Nw	State ND	1000.00 Zip Code	M M / D 0 6  Transaction IE	0 8 2 0 1 1 2 33421993
B. Dr Robert P I Mailing Addr  City Minot  FEC ID num federal politi  Name of Em Self Employ  Receipt For: Primal Other  Full Name (I Dr Mindy Ste	ress 2505 10Th Ave Nw	ND	•	M M / D 0 6  Transaction IE	0 8 2 0 1 1 2 3 3 4 2 1 9 9 3
Minot  FEC ID num federal politic Name of Em Self Employ  Receipt For: Primal Other  Full Name (I Dr Mindy Ste		ND	•	Transaction IE	<b>)</b> : 33421993
FEC ID num federal politic  Name of Em Self Employ  Receipt For: Primal Other  Full Name (I Dr Mindy Ste			58703-1754	Amount of Eac	ch Receipt this Period
Receipt For: Primal Other  Full Name (I Dr Mindy Ste					40.00
Full Name (I Dr Mindy Ste		Occupation Doctor of	n f Optometry		
Dr Mindy Ste		Aggregate	e Year-to-Date ▼ 240.00		
				Date of Receip	
City		State	Zip Code	Transaction IE	o: 33423776
	s  nber of contributing cal committee.	C	59404-3835	Amount of Eac	ch Receipt this Period 365.00
Name of Em Self Employ	nployer red	Occupation Doctor of	n f Optometry		
Receipt For: Primar Other			e Year-to-Date ▼ 365.00		
SUBTOTAL of					605.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 100 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Polit	tical Action (	Committee	
Full Name (Last, First, Middle Initial) Dr Morgan R Leach			Date of Receipt
Mailing Address 313 Fox Drive			0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33423777
Great Falls	MT	59404-3835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Dr David J Esplin	·		Date of Receipt
Mailing Address 34 South 590 East			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33425665
Salem	UT	84653-5519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Dr David J Shippee			Date of Receipt
Mailing Address Box 307			06 09 7 2011
City	State	Zip Code	Transaction ID: 33425666
Sherman Oaks	ME	04777	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 249.96	
SUBTOTAL of Receipts This Page (optional)			451.66

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 100 (check only one)    X
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persor g the name and address of any political committee to see Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Dr Kenneth Ray Moultrie  Mailing Address 1809 Gaslight Wa	у	Date of Receipt    M M
City	State Zip Code	Transaction ID: 33425669
<u>Huntsville</u>	AL 35801-1555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Dr Barbara L Horn		Date of Receipt
Mailing Address 61269 Coralburst	Dr	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33425670
Washington	MI 48094-1746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	168.18
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 990.90	
Full Name (Last, First, Middle Initial) Dr Mark David Hansen		Date of Receipt
Mailing Address 1887 Isett Ave N		0 6 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33425671
Muscatine	IA 52761-9747	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Descints This Daws (	nal)	348.18

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 100 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
0	ony information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Early)	Statements ma he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	olitical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr William Drost Altig  Mailing Address 520 Cr 4856			Date of Receipt
		Ctata	7:- 0-4-	06 09 2011
	City Newark	State TX	Zip Code 76071	Transaction ID: 33432127  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7007.	500.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 3.	Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote  Mailing Address 18 Little Androscogg	in Drive		Date of Receipt
		III DIIVE		06 10 2011
	City	State	Zip Code	Transaction ID: 33436097
	Auburn  FEC ID number of contributing federal political committee.	ME C	04210-8884	Amount of Each Receipt this Period 41.67
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.02	
. –	Full Name (Last, First, Middle Initial) Dr Zoey K Loomis			Date of Receipt
	Mailing Address 3750 Highway 144			06 10 / Y Y Y Y Y Y
	City Weldona	State CO	Zip Code 80653-9107	Transaction ID: 33436098  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000 3107	150.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		691.67

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 100 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports	and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		solicit contributions from such committee.
American Optometric Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis		Date of Receipt
Mailing Address 179 Wood Trace		0 6 1 0 2 0 1 1
City	State Zip Code	Transaction ID: 33436099
<u>Benton</u>	KY 42025-9400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.02	
Full Name (Last, First, Middle Initial) Dr Gregory C Russell		Date of Receipt
Mailing Address 2505 Rivermont (	Circle	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33436100
Kingsport	TN 37660-2392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Dr Gilbert E Pierce		Date of Receipt
Mailing Address 8639 Olenbrook	Drive	06 10 2011
City	State Zip Code	Transaction ID: 33436101
Lewis Center	OH 43035-8702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	]
SUBTOTAL of Receipts This Page (optic	onal)	295.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER: PAGE 22 / 100 (check only one)  X 11a 11b 11c 12 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or uname and address of any polit	sed by any persor ical committee to s	
American Optometric Association Polit	ical Action Committee		
Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks			Date of Receipt
Mailing Address 419 Bogart Road East			M M / D D / Y Y Y Y Y Y Y Y 1 1 1 2 0 1 1
City	State Zip Code		Transaction ID: 33438997
Sandusky	OH 44870-640	4	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		166.00
Name of Employer Self Employed	Occupation Doctor of Optometry		1
Receipt For:	Aggregate Year-to-Date	7	1
Primary General Other (specify) ▼		1004.00	
Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa			Date of Receipt
Mailing Address 4280 Reiland Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 33438998
Shoreview	MN 55126-312	7	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date	210.00	
Full Name (Last, First, Middle Initial) Dr Robert Craig Janot			Date of Receipt
Mailing Address 100 Orchard Drive			0 6 1 1 2 0 1 1
City	State Zip Code		Transaction ID: 33438999
Sulphur	LA 70663-626	8	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer Self Employed	Occupation Doctor of Optometry		1
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date	250.02	
SUBTOTAL of Receipts This Page (optional)		·····	249.67

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he (crieck only only)
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Optometric Association Potential Po		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Nathan H Drum Mailing Address 410 Slate Ledge Roa		Date of Receipt
City	State Zip Code	0 6 1 1 2 0 1 1 Transaction ID: 33439002
Littleton FEC ID number of contributing federal political committee.	NH 03561-3419	Amount of Each Receipt this Period  85.00
Name of Employer Self Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date  220	.00
Full Name (Last, First, Middle Initial) Dr Edward M Kosnoski Mailing Address 305 Kensington Ave	S	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33439005
Kent	WA 98030-7004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500	.00
Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis	1	Date of Receipt
Mailing Address 6436 Spotted Fawn	Run	06 12 2011
City Littleton	State Zip Code CO 80125-9055	Transaction ID: 33439006  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	.00
SUBTOTAL of Receipts This Page (optional)		535.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each o	rate schedule(s) ategory of the Summary Page	FOR LINE NUMBER: PAGE 24 / 100 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	g the name and address of any p	or used by any perso political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Randolph E Brooks  Mailing Address 3 Schindler Drive			Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Succasunna FEC ID number of contributing	State Zip Code NJ 07876-1		Transaction ID: 33439009  Amount of Each Receipt this Period  200.00
Receipt For:  Primary  Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date		]
Full Name (Last, First, Middle Initial) Dr Fred H Dubick Mailing Address 4047 Meadow Lark	c Drive		Date of Receipt  0 6 1 2 2 0 1 1
City	State Zip Code	e	Transaction ID: 33439010
Calabasas	CA 91302-1	1844	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	1200.00	
Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer			Date of Receipt
Mailing Address 1602 Wildwood St	Sw		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 33439014
Cullman  FEC ID number of contributing federal political committee.	AL 35055-4	1555	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	, , , , , , , , , , , , , , , , , , ,	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date		
SUBTOTAL of Receipts This Page (option	al)		450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>x</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 100 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	g the name and addi	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill Mailing Address 126 Treymoor Driv	e		Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
City Alabaster FEC ID number of contributing	State AL	Zip Code 35007-3150	Transaction ID: 33439015  Amount of Each Receipt this Period  50.00
Receipt For:  Primary  Other (specify)	Occupation Doctor of	Optometry Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) Dr Sarah C Gordon Mailing Address 252 Inverness Cen	ter Dr		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33439016
<u>Birmingham</u>	AL	35242-4834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary  General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Brian D Cin			Date of Receipt
Mailing Address 17342 Alice Loop			0 6 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: 33439018
Eagle River  FEC ID number of contributing federal political committee.	C	99577-7579	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)		150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 100 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association P	d Statements may not be sold or used by any personant the name and address of any political committee to control of the contro	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Edwin Y Endo Mailing Address 98828 Hilliu PI City Aiea	State Zip Code HI 96701-2785	Date of Receipt  M M J D D J Z O 1 1  Transaction ID: 33439019  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   249.96	41.66
Full Name (Last, First, Middle Initial) Dr Markus I Barth Mailing Address 1346 Heller Drive  City Yardley  FEC ID number of contributing	State Zip Code PA 19067-2714	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date   400.02	
Full Name (Last, First, Middle Initial) Dr Brian J Plattner Mailing Address 917 S Market Street		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Knoxville  FEC ID number of contributing federal political committee.	State Zip Code IL 61448-1299  C	Transaction ID: 33447017  Amount of Each Receipt this Period  85.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   510.00	
SUBTOTAL of Receipts This Page (optional	)	193.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 100 (check only one)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association I	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Thomas Annunziato		Date of Receipt
Mailing Address 11700 Northview D	er en	0 6 1 4 2 0 1 1
City	State Zip Code	Transaction ID: 33447019
Aledo	TX 76008-5223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Dr Greg A Caldwell		Date of Receipt
Mailing Address 225 Terrace Drive		0 6 1 4 2 0 1 1
City	State Zip Code	Transaction ID: 33447020
Lilly	PA 15938-5819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35	
Full Name (Last, First, Middle Initial) Dr Louis J Phillips		Date of Receipt
Mailing Address 1274 Morrow Rd		0 6 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Pittsburgh</u>	State Zip Code PA 15241-3502	Transaction ID: 33447022  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 15241-5302	150.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	al)	400.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	·	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 100 (check only one)    X   11a
NAME OF COMMITTEE (In Full)			son for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Associ	ation Political Action (	Committee	
Full Name (Last, First, Middle Initi Dr Scot Morris	al)		Date of Receipt
Mailing Address 24440 Pleas	ant Park Road		0 6 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33447517
Conifer	CO	80433-7603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	7
Other (specify)	0 0		_
Full Name (Last, First, Middle Initi Dr Jadie B Roberts	aı)		Date of Receipt
Mailing Address St-8 Lake Ch	erokee		06 09 2011
City	State	Zip Code	Transaction ID: 33447519
Henderson	TX	75652-8602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initi Dr Scott L Nehring	al)		Date of Receipt
Mailing Address 32840 S Mer	idian Road		0 6 1 5 2 0 1 1
City	State	Zip Code	Transaction ID: 33449552
Woodburn	OR	97071-8768	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	
SUBTOTAL of Receipts This Page	(optional)		1407.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  Any information copied from such Reports a	for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 29 / 100 (check only one)    X
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  American Optometric Association	g the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Linda M Chous		Date of Receipt
Mailing Address 1295 W Royal Oa	ks Drive	0 6 1 5 2 0 1 1
City	State Zip Code	Transaction ID: 33449553
Shoreview	MN 55126-8478	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 454.55	
Full Name (Last, First, Middle Initial) Dr Mark J. Hennen		Date of Receipt
Mailing Address 1613 Atwater Path	1	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33449554
Inver Grove Height	MN 55077-1201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Victoria Ann Blower		Date of Receipt
Mailing Address 2301 Loussac Dr		0 6 1 5 2 0 1 1
City	State Zip Code	Transaction ID: 33449558
Anchorage	AK 99517-1230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
SUBTOTAL of Receipts This Page (option	nal)	225.91

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 30 / 100   (check only one)     X   11a     11b     11c   12   13   14   15   16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association F		•	
Full Name (Last, First, Middle Initial) Dr Rodney D Fair			Date of Receipt
Mailing Address 1169 Coneflower W	ay		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brighton	State CO	Zip Code 80601-6785	Transaction ID: 33449560
FEC ID number of contributing federal political committee.	C	80001-0763	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Vincent W Brandys, Jr			Date of Receipt
Mailing Address 998 Ascot Drive			0 6 1 5 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33449561
Elgin  FEC ID number of contributing federal political committee.	C	60123-6761	Amount of Each Receipt this Period  167.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	Year-to-Date ▼ 1002.00	
Full Name (Last, First, Middle Initial) Dr Jennifer E Davis			Date of Receipt
Mailing Address 16 Pambrook Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fishersville	State VA	Zip Code 22939-2123	Transaction ID: 33449563  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	223372123	41.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	<del> </del>	Year-to-Date ▼ 254.00	
			258.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 100 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may name and add	y not be sold or used by any perso dress of any political committee to	
American Optometric Association Poli	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Jeffrey Paul Hilovsky			Date of Receipt
Mailing Address 445 Woodside Rd			06 13 2011
City	State	Zip Code	Transaction ID: 33454121
Millsboro	DE	19966-8739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Candace D Hamel			Date of Receipt
Mailing Address 28900 Securrin Rd			0 6 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: 33454122
<u>Estacada</u>	OR	97023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Mark P Smith	1		Date of Receipt
Mailing Address 109 Harper Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33454123
Brookhaven	MS	39601-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	1		1600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 100 (check only one)    X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Mark Lee Guisti		Date of Receipt
Mailing Address 592 12Th Street	Ctata 7in Cada	06 13 2011
City <u>Elko</u>	State Zip Code NV 89801-3405	Transaction ID: 33454125  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth  Mailing Address Po Box 302		Date of Receipt
106 Davis Hill Road		06 13 2011
City New London	State Zip Code NH 03257-0302	Transaction ID: 33454127  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.00
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1162.00	
Full Name (Last, First, Middle Initial) Dr Michael J Guilbert		Date of Receipt
Mailing Address 14 Harrison		0 6 1 3 2 0 1 1
City	State Zip Code	Transaction ID: 33454134
<u>Deadwood</u>	SD 57732-1402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
SUBTOTAL of Receipts This Page (optional	)	616.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 100 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	ical Action (	Committee	
Full Name (Last, First, Middle Initial) Dr Thomas W Hobbs			Date of Receipt
Mailing Address 13 Ne 550 Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33456328
Warrensburg	MO	64093-7473	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)			Date of Descript
Dr Ron W Roelfs  Mailing Address 1304 Shepherd Ave			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: 33456329
Waverly	IA	50677-9632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Dr George Kenneth Johnson			Date of Receipt
Mailing Address 3025 W Beverly Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33456786
Phoenix	AZ	85053-3050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			450.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.    NAME OF COMMITTEE (in Full)	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 100 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Mailing Address 789 N Broad  City State Zip Code Gatesburg IL 61401-2766  FEG ID number of contributing federal political committee.  C	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Jeffrey K Smith  Mailing Address 145 Unity Lane  City Crossett AR 71635-9175  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Mark J Cook  Mailing Address 5698 Mountain Road  City Brighton  FEC ID number of contributing federal political committee.  C  Full Name (Last, First, Middle Initial) Dr Mark J Cook Mailing Address 5698 Mountain Road  City Brighton  FEC ID number of contributing federal political committee.  C  State Zip Code Mil 48116-9732  FEC ID number of contributing federal political committee.  C  Name of Employer Self Employed  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  FOR 0.00	Dr Peter H Kehoe  Mailing Address 789 N Broad  City  Galesburg  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:	IL 61401-2766  C Occupation Doctor of Optometry	Transaction ID: 33456791  Amount of Each Receipt this Period
Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Mark J Cook Mailing Address 5698 Mountain Road  City State Zip Code Brighton  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Cocupation Doctor of Optometry  Aggregate Year-to-Date ▼  Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Full Name (Last, First, Middle Initial) Dr Jeffrey K Smith Mailing Address 145 Unity Lane City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr Mark J Cook  Mailing Address 5698 Mountain Road  City State Zip Code  Brighton MI 48116-9732  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Date of Receipt  M	Receipt For:  Primary  General	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼	250.00
Receipt For:  Primary  General  Aggregate Year-to-Date  FOO OR	Dr Mark J Cook Mailing Address 5698 Mountain Road  City Brighton  FEC ID number of contributing federal political committee.	MI 48116-9732  C Occupation	Transaction ID: 33457009  Amount of Each Receipt this Period
SUBTOTAL of Respire This Resp. (antique)	Receipt For:  Primary General	Aggregate Year-to-Date ▼	

SCHEDULE A ITEMIZED REC	` ,		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 100 (check only one)  X 11a 11b 11c 12
Any information copied or for commercial purpo	from such Reports and State oses, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMIT American Optor	TEE (In Full) etric Association Politic	al Action C	Committee	
Full Name (Last, Fir Dr Jennifer L Planitz	st, Middle Initial)			Date of Receipt
Mailing Address 3	537 New Castle Dr Se			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 33457888
Rio Rancho		NM	87124-3672	Amount of Each Receipt this Period
FEC ID number of of federal political com		C		436.37
Name of Employer Self Employed		Occupation Doctor of	Optometry	
Receipt For: Primary Other (specify	General ) <b>▼</b>	Aggregate	Year-to-Date ▼ 2381.85	]
Full Name (Last, Fir Dr Leeann Barrett	st, Middle Initial)			Date of Receipt
Mailing Address 1	199 E Morgan			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 33457890
Boonville		MO	65233-1336	Amount of Each Receipt this Period
FEC ID number of of federal political com		C		50.00
Name of Employer Missouri Optometric iation, Inc.	: Assoc-	Occupation Doctor of	Optometry	
Receipt For:			Year-to-Date ▼	
Primary Other (specify	General ) ▼		300.00	
Full Name (Last, Fir Dr Mamie Cassandra				Date of Receipt
Mailing Address 1	3713 Vic Road Ne			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 33457891
Albuquerque		NM	87112-6602	Amount of Each Receipt this Period
FEC ID number of of federal political com		C		50.00
Name of Employer Self Employed		Occupation Doctor of	Optometry	
Receipt For:		Aggregate	Year-to-Date ▼	
Primary Other (specify	General ) ▼		300.00	]
SUBTOTAL of Receip				536.37

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 100 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Sarah J Hudson			Date of Receipt
Mailing Address 284 Richards Ave Unit	2		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33457894
Portsmouth	NH	03801-5238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr Freddie M Mayes	<u> </u>		Date of Receipt
Mailing Address 117 Magnolia Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33457897
Central City	KY	42330-1727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden			Date of Receipt
Mailing Address 1445 Prospect Avenue	Unit D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33459246
Placentia	CA	92870-3816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.04	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	258.34

SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 100 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	
American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Kent Hillery		Date of Receipt
Mailing Address 16448 Country Club		06 18 7 2011
City <u>Peosta</u>	State Zip Code IA 52068-9710	Transaction ID: 33459247  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Michelle A Broderick		Date of Receipt
Mailing Address 7 Broad Sound Ln		06 18 2011
City	State Zip Code	Transaction ID: 33459248
Freeport  FEC ID number of contributing federal political committee.	ME 04032-6297	Amount of Each Receipt this Period  32.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  208.00	
Full Name (Last, First, Middle Initial) Dr Todd M Hamilton		Date of Receipt
Mailing Address 278 Falmouth Road		0 6 1 8 2 0 1 1
City Windham	State Zip Code ME 04062-4815	Transaction ID: 33459249  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional		115.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 38 / 100 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be e name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action Commi	ttee	
	Full Name (Last, First, Middle Initial) Dr Blaine A Littlefield			Date of Receipt
	Mailing Address 27 Wilderness Drive			06 18 2011
	City Freeport		Code 032-5824	Transaction ID: 33459250  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	JUL 3024	33.00
	Name of Employer Self Employed	Occupation Doctor of Opton	netry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	-Date ▼ 205.00	
	Full Name (Last, First, Middle Initial) Dr Alan Joseph Mathieu  Mailing Address P O Box 132			Date of Receipt
				06 18 2011
	City Raymond		Code 071-0132	Transaction ID: 33459251
	FEC ID number of contributing federal political committee.	C	071-0132	Amount of Each Receipt this Period  33.00
	Name of Employer Self Employed	Occupation Doctor of Opton	netry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	-Date ▼ 205.00	
_	Full Name (Last, First, Middle Initial) Dr Nathaniel Roland			Date of Receipt
	Mailing Address 10001 Admiral Emer	son Ave Ne		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Albuquerque	·	Code 111-1339	Transaction ID: 33459253  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1111000	250.00
	Name of Employer Self Employed	Occupation Doctor of Opton	netry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to		
	SUBTOTAL of Receipts This Page (optional)	1		316.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 100 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	
American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Scott M Burks		Date of Receipt
Mailing Address P O Box 1351		06 19 2011
City Buffalo	State Zip Code MO 65622-1351	Transaction ID: 33459257  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Mr Richard Cornett		Date of Receipt
Mailing Address Ohio Optometric As 250 E Wilson-Bridge		06 19 2011
City	State Zip Code	Transaction ID: 33459258
Worthington FEC ID number of contributing federal political committee.	OH 43085-2350	Amount of Each Receipt this Period 250.00
Name of Employer Ohio Optometric Associati- on, Inc.	Occupation Executive Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Philip Dunne Flynn		Date of Receipt
Mailing Address 122 Palmetto Hall D	rive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lexington	State Zip Code SC 29072-7894	Transaction ID: 33459259
FEC ID number of contributing federal political committee.	C 29072-7694	Amount of Each Receipt this Period  125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	475.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 100 (check only one)    X
(	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Scott M Pearl			Date of Receipt
	Mailing Address 2245 Nw 142Nd Way			06 19 2011
	City	State	Zip Code	Transaction ID: 33459261
	Pembroke Pines	<u>FL</u>	33028-2862	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.02	
_ В.	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson			Date of Receipt
	Mailing Address 9940 S Ashleigh Way			06 19 7 2011
	City	State	Zip Code	Transaction ID: 33459262
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.94
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date <b>V</b>	_
	Primary General Other (specify) ▼	0 0	998.34	
с. С.	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett			Date of Receipt
	Mailing Address 9940 S Ashleigh Way			06 19 2011
	City	State	Zip Code	Transaction ID: 33459263
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.47
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.18	
	SUBTOTAL of Receipts This Page (optional)			292.08
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 100 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping		Date of Receipt
Mailing Address 1801 Creekside Dr		06 19 2011
City	State Zip Code	Transaction ID: 33459268
Friendswood  FEC ID number of contributing federal political committee.	TX 77546-7821	Amount of Each Receipt this Period 181.82
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping  Mailing Address 1801 Creekside Dr		Date of Receipt
		06 19 2011
City	State Zip Code	Transaction ID: 33459269
Friendswood	TX 77546-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.82
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1090.92	
Full Name (Last, First, Middle Initial) Dr Kevin L Alexander		Date of Receipt
Mailing Address 2116 Wildwood Cour	t	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33459270
Fullerton	CA 92831-1339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SURTOTAL of Receipts This Page (optional)		413.64

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 100 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	
American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Robert J Parks		Date of Receipt
Mailing Address 332 Sweet Allen Far		06 20 2011
City	State Zip Code RI 02879-1492	Transaction ID: 33459273
Wakefield  FEC ID number of contributing federal political committee.	RI 02879-1492	Amount of Each Receipt this Period  111.11
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  222.22	
Full Name (Last, First, Middle Initial) Dr Michael E Bennett		Date of Receipt
Mailing Address 4940 Victoria Place		06 21 2011
City	State Zip Code	Transaction ID: 33462707
Guthrie	OK 73044-8668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.02	
Full Name (Last, First, Middle Initial) Dr David S Hays		Date of Receipt
Mailing Address 8720 52Nd St Ct W		0 6 2 1 2 0 1 1
City	State Zip Code	Transaction ID: 33462710
University PI	WA 98467-1758	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	
SURTOTAL of Receipts This Page (entional	)	361.78

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 100 (check only one)    X
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) American Optometric Association Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>1.</b> <u>C</u>	rull Name (Last, First, Middle Initial) or Thomas L Lim failing Address 1136 Thorntree Court	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
F fe	EC ID number of contributing ederal political committee.	CA	95120-1740	Amount of Each Receipt this Period 41.67
	lame of Employer self Employed  Receipt For:  Primary General  Other (specify) ▼		f Optometry e Year-to-Date ▼ 250.02	
3. [	full Name (Last, First, Middle Initial) or Patrick A Lenane failing Address 2721 N 13Th Street			Date of Receipt  0 6 2 1 2 0 1 1
<u>F</u>	ity Fort Dodge EC ID number of contributing	State IA	Zip Code 50501-7210	Transaction ID: 33462713  Amount of Each Receipt this Period  50.00
_	ederal political committee.  lame of Employer self Employed	Occupation Doctor o	n f Optometry	30.00
F	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00	
	ull Name (Last, First, Middle Initial) or Donald W Furman Mailing Address 855 11Th St Place	ı		Date of Receipt  0 6 2 1 2 0 1 1
	City	State	Zip Code	Transaction ID: 33462714
F	Garner EC ID number of contributing ederal political committee.	C	50438-1847	Amount of Each Receipt this Period  84.00
N S	lame of Employer self Employed	Occupatio	n f Optometry	
F	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 504.00	
SUI	BTOTAL of Receipts This Page (optional)		)	175.67

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 100 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any personing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Michael D Conklin		Date of Receipt
Mailing Address 9067 Bordeaux V	Vay	0 6 2 2 2 2 0 1 1
City	State Zip Code	Transaction ID: 33464183
Sandy	UT 84093-2216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr David K Talley		Date of Receipt
Mailing Address 1698 Brookside D	Drive	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33464186
Germantown	TN 38138-2531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Dr David Bryce Reber		Date of Receipt
Mailing Address 18 Fairmont Cou	rt	0 6 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hobbs	State Zip Code	Transaction ID: 33469877
FEC ID number of contributing federal political committee.	NM 88240-1059	Amount of Each Receipt this Period  600.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  600.00	
SUBTOTAL of Receipts This Page (optic	onal)	785.00

ITE	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 100 (check only one)    X
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	American Optometric Association Poli	tical Action	Committee	
<b>A.</b> _	Full Name (Last, First, Middle Initial) Or Rose Marie Betz			Date of Receipt
ľ	Mailing Address 7300 N Bluff Drive			06 20 2011
	City	State	Zip Code	Transaction ID: 33469878
_	Tuscaloosa	AL	35406-2608	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		100.00
5	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
	Full Name (Last, First, Middle Initial) Dr Kathleen E Goff			Date of Receipt
N -	Mailing Address 114 Crested Peak			06 23 2011
	Dity	State	Zip Code	Transaction ID: 33471670
_	Santa Teresa	NM	88008-9423	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		86.36
_	Name of Employer Self Employed	Occupation Doctor of	<sup>n</sup> f Optometry	
F	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		518.16	
	Full Name (Last, First, Middle Initial) Dr Larry D Gunnell			Date of Receipt
N	Mailing Address #7 Brenna Dr			06 23 2011
	City	State	Zip Code	Transaction ID: 33471671
_	Wichita Falls	TX	76302-2506	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		83.33
_	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
F	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		499.98	
su	BTOTAL of Receipts This Page (optional)			269.69
	TAL This Period (last page this line number		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 100 (check only one)    X   11a
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may be name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Joseph J Jordan, Jr			Date of Receipt
	Mailing Address 224 Laconia Rd	Ctata	7:n Codo	06 23 2011
	City Tilton	State NH	Zip Code 03276-5223	Transaction ID: 33471672  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00270 0220	166.67
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.02	
- s.	Full Name (Last, First, Middle Initial) Dr Barry J Barresi			Date of Receipt
	Mailing Address 659 Spyglass Summi	t Drive		06 23 2011
	City	State	Zip Code	Transaction ID: 33471674
	Chesterfield	<u>MO</u>	63017-2142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		166.67
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.02	
_	Full Name (Last, First, Middle Initial) Dr Martin H Carroll			Date of Receipt
	Mailing Address 3700 Essex Road			06 23 7 9 9 1
	City	State	Zip Code	Transaction ID: 33471675
	Cheyenne FEC ID number of contributing federal political committee.	C	82001-1641	Amount of Each Receipt this Period 150.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)	1		483.34

SCHEDUL! ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 100 (check only one)    X   11a
or for commercia	copied from such Reports and S Il purposes, other than using the DMMITTEE (In Full)	statements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	Optometric Association Poli	tical Action	Committee	
Dr Cheryl T St				Date of Receipt
	ess 825 Parkway Dr	Stata	Zip Code	06 23 2011
City <u>Natchitoche</u>	<b>7</b> 6	State I A	71457-5535	Transaction ID: 33471677  Amount of Each Receipt this Period
·	per of contributing	C	71407 3303	83.33
Name of Emp Self Employe	oloyer d	Occupation Doctor of	n f Optometry	
Receipt For: Primary Other (s	General	Aggregate	Year-to-Date ▼ 416.65	
B. Dr Paul Anton				Date of Receipt
	ess 3042 118Th Ave			06 23 2011
City		State	Zip Code	Transaction ID: 33471681
Allegan FEC ID numb federal politica	per of contributing al committee.	C	49010-9555	Amount of Each Receipt this Period  50.00
Name of Emp Self Employe	oloyer d	Occupation Doctor of	n f Optometry	
Receipt For: Primary Other (s	General	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (La	ast, First, Middle Initial) gan Love			Date of Receipt
Mailing Addre	ess 1524 Stillwater Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 33471682
Bowling Gr		KY	42103-6022	Amount of Each Receipt this Period
FEC ID numb federal politica	per of contributing al committee.	С		100.00
Name of Emp Self Employe	oloyer d	Occupation Doctor of	n f Optometry	
Receipt For: Primary Other (s	General General ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of	Receipts This Page (optional)	1		233.33
TOTAL This Pe	eriod (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 100 (check only one)    X
A C	ny information copied from such Reports and r for commercial purposes, other than using th NAME OF COMMITTEE (In Full) American Optometric Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr Chris R Deibert Mailing Address 8 Johnson Drive			Date of Receipt  0 6 2 3 2 0 1 1
	City Luray	State VA	Zip Code 22835-9705	Transaction ID: 33471684  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed  Receipt For: Primary General		f Optometry e Year-to-Date ▼	
_	Other (specify) ▼  Full Name (Last, First, Middle Initial)	0 0	550.00	
•	Dr Thomas E Nye  Mailing Address 42 Tabor Lane			Date of Receipt  0 6 2 3 2 0 1 1
	City	State	Zip Code	Transaction ID: 33471685
	Hamilton FEC ID number of contributing federal political committee.	C	45013-5118	Amount of Each Receipt this Period 82.73
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 503.64	
_	Full Name (Last, First, Middle Initial) Dr Kirby T Treat			Date of Receipt
	Mailing Address 1096 N Ponderosa La	ane		0 6 2 1 2 0 1 1
	City	State	Zip Code	Transaction ID: 33479747
	Worland FEC ID number of contributing federal political committee.	C	82401-8511	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation	n f Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	<del>-, '</del>	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			632.73

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 100   (check only one)   X   11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association F		• •	
Full Name (Last, First, Middle Initial) Dr Brian J Blount			Date of Receipt
Mailing Address 5830 N Circuit			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Beaumont	State TX	Zip Code 77706-4428	Transaction ID: 33483040
FEC ID number of contributing federal political committee.	C	77700-4420	Amount of Each Receipt this Period  181.82
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1090.92	
Full Name (Last, First, Middle Initial) Dr Teresa M Seim			Date of Receipt
Mailing Address 75388 Vineyard Wa	ıy		0 6 2 4 2 0 1 1
City	State	Zip Code	Transaction ID: 33483041
Lawton FEC ID number of contributing federal political committee.	C	49065-8609	Amount of Each Receipt this Period 42.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	<u>'</u>	e Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Dr Leon Michael Favede			Date of Receipt
Mailing Address 250 Harbel Drive			0 6 2 4 2 0 1 1
City Saint Clairsville	State OH	Zip Code 43950-1025	Transaction ID: 33483042  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	4330-1023	126.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 252.00	
SUBTOTAL of Receipts This Page (optional	I		349.82

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 100 (check only one)  X 11a 11b 11c 12  13 14 15 16
A or	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Dennis M Brtva			Date of Receipt
	Mailing Address 57 Pebblebrook Ct			06 24 2011
	City	State	Zip Code	Transaction ID: 33483043
	Bloomington	IL	61705-6300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		510.00	
	Full Name (Last, First, Middle Initial) Dr Dori M Carlson			Date of Receipt
	Mailing Address P O Box 0			0 6 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: 33483044
	Park River	ND	58270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		163.64
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	<del>_ , '</del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼	99.03	1018.20	
	Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed			Date of Receipt
	Mailing Address 4550 Simpson Hwy	28 W		0 6 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: 33483045
	Magee	MS	39111-5187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	540.00	
				338.64

City State Zip Code Blythewood SC 29016-0614  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Doctor of Optometry  Receipt For: Primary General Other (specify) ▼ State Zip Code CA 93940-5811  FEC ID number of contributing federal political committee.  Pull Name (Last, First, Middle Initial) Dr Robert M Theaker  Mailing Address 12 Wyndemere Vale  City State Zip Code CA 93940-5811  FEC ID number of contributing federal political committee.  C Self Employed Coccupation Doctor of Optometry  Receipt For: Primary General Other (specify) ▼ 1000.00  Full Name (Last, First, Middle Initial) Dr Donald Lester Watson  Mailing Address 118 San Marco Drive  City State Zip Code Transaction ID: 33484513  Amount of Each Receipt this Pecarity Typee Island  Date of Receipt Transaction ID: 33484513  Amount of Each Receipt Transaction ID: 33484513	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 100 (check only one)    X   11a
Al. American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial) Date of Receipt Di Peter V Candela Malling Address P O Box 614  City State Zip Code Blythewood SC 29016-0614 FEC ID number of contributing federal political committee  Peter of Candela Receipt Transaction III Salas Name of Employer Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Robert M Theaker Malling Address 12 Wyndemere Vale City Monterey CA 39340-5811 FEC ID number of contributing federal political committee  Peter of Candela Malling Address 12 Wyndemere Vale City Monterey CA 39340-5811 FEC ID number of contributing federal political committee  C Transaction III Salas Name of Employer Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Donald Lester Watson Malling Address 118 San Marco Drive City Tybee Island GA 31328-9706 FEC ID number of contributing federal political committee  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Donald Lester Watson Malling Address 118 San Marco Drive City Tybee Island GA 31328-9706 FEC ID number of contributing federal political committee.  C Salas Zip Code Transaction III Salas Receipt Inits Peter Salas Receipt Inits Pe	or for commercial purposes, other than using the r	tements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr Peter V Candela  Mailling Address P O Box 614  City State Zip Code Blythewood SC 29016-0614  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Occupation Dr Robert M Theaker  Mailing Address 12 Wyndemere Vale  City State Zip Code Transaction ID: 33483046 Amount of Each Receipt this Peter Solution  Aggregate Year-to-Date ▼  Doctor of Optometry  Receipt For: Mailing Address 12 Wyndemere Vale  City State Zip Code CA 93940-5911  FEC ID number of contributing federal political committee.  Name of Employer Solution Receipt For: Primary General Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 33483046 Amount of Each Receipt this Peter Solution  Date of Receipt  Transaction ID: 33484512  Amount of Each Receipt this Peter Solution Doctor of Optometry  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 33484512  Transaction ID: 33484512  Amount of Each Receipt this Peter Solution Doctor of Optometry  Date of Receipt  Transaction ID: 33484513  Amount of Each Receipt this Peter Solution Doctor of Optometry  Date of Receipt  Transaction ID: 33484513  Amount of Each Receipt this Peter Solution Doctor of Optometry  Date of Receipt  Transaction ID: 33484513  Amount of Each Receipt this Peter Solution Doctor of Optometry  Date of Receipt  Transaction ID: 33484513  Amount of Each Receipt this Peter Solution Doctor of Optometry  Date of Receipt  Transaction ID: 33484513  Amount of Each Receipt this Peter Solution Doctor of Optometry  Date of Receipt  Transaction ID: 33484513  Amount of Each Receipt this Peter Solution Doctor of Optometry  Date of Receipt For: Primary General Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  Transaction ID: 3484513	` '	cal Action Committee	
City State Zip Code Bivthewood SC 29016-0614  Receipt FeC ID number of contributing federal political committee.  Name of Employed General Other of CA 93940-5811  FEC ID number of contributing federal political committee.  Name of Employed CA 93940-5811  Fell Name (Last, First, Middle Initial) Doctor of Optometry  Receipt For:    Primary   General Office   Ca   State   Zip Code   Ca   State   Ca   State	Dr Peter V Candela		<u> </u>
Bivithewood  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  City Monterey Self Employed  City State FEC ID number of contributing federal political committee.  Name of Employer Self Employed  City State CA 93940-5811  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  City State City State City State City Self Employed  Receipt For: Primary Other (specify) ▼  Date of Receipt  Aggregate Year-to-Date  Ca 93940-5811  Amount of Each Receipt to Self Receipt  Aggregate Year-to-Date  Date of Receipt  Aggregate Year-to-Date  Transaction ID: 33484512  Amount of Each Receipt to Self Receipt  Aggregate Year-to-Date  Date of Receipt  Date of Receipt  Aggregate Year-to-Date  Date of Receipt  Transaction ID: 33484513  Amount of Each Receipt to Self Receipt  Aggregate Year-to-Date  Date of Receipt  Transaction ID: 33484513  Amount of Each Receipt this Period Self Receipt for:  Aggregate Year-to-Date  Date of Receipt  Transaction ID: 33484513  Amount of Each Receipt this Period Self Receipt for:  Aggregate Year-to-Date  Date of Receipt  Date of Receipt  Dat		Old 7's Old	06 24 2011
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:     Primary	-	·	
Receipt For:	FEC ID number of contributing		83.34
Primary   General   State	Name of Employer Self Employed	· ·	
Date of Receipt  Mailing Address 12 Wyndemere Vale  City State Zip Code CA 93940-5811  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Donald Lester Watson  Mailing Address 118 San Marco Drive  City State Zip Code Transaction ID: 33484512  Amount of Each Receipt this Pe  Aggregate Year-to-Date ▼  Toda of Receipt  Transaction ID: 33484512  Amount of Each Receipt this Pe  Date of Receipt  Transaction ID: 33484513  Amount of Each Receipt this Pe  Transaction ID: 33484513  Amount of Each Receipt  Transaction ID: 33484513  Amount of Each Receipt this Pe  Coccupation Doctor of Optometry  Receipt For:  Name of Employer Self Employed  Coccupation Doctor of Optometry  Receipt For:  Primary General  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  Occupation Doctor of Optometry  Receipt For:  Primary General	Primary General		
City State Zip Code Monterey CA 93940-5811  FEC ID number of contributing federal political committee.    Name of Employer Self Employed   Doctor of Optometry	Dr Robert M Theaker		<u> </u>
Monterey  CA 93940-5811  Amount of Each Receipt this Per FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary Other (specify) ▼  City Tybee Island  FEC ID number of contributing federal political committee.  PFEC ID number of contributing federal political committee.  PEC ID number of contributing federal political committee.  Name of Employer Self Employer S	Mailing Address 12 Wyndemere Vale		
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Donald Lester Watson  Mailing Address 118 San Marco Drive  City State Zip Code Transaction ID: 33484513  Tybee Island  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  Cocupation Doctor of Optometry  Aggregate Year-to-Date ▼  1000.00  Date of Receipt  Transaction ID: 33484513  Amount of Each Receipt this Perinary  Aggregate Year-to-Date ▼	•	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
Doctor of Optometry	FEC ID number of contributing		Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼    Tourned Lester Watson	Name of Employer Self Employed	· ·	
Dr Donald Lester Watson  Mailing Address 118 San Marco Drive  City State Zip Code  Tybee Island GA 31328-9706  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Date of Receipt  M M M O 0 25 25  Transaction ID: 33484513  Amount of Each Receipt this Pe	Primary General		
City State Zip Code Tybee Island GA 31328-9706  FEC ID number of contributing federal political committee.  C State Zip Code Transaction ID: 33484513  Amount of Each Receipt this Period State	,		Date of Receipt
Tybee Island  GA 31328-9706  FEC ID number of contributing federal political committee.  C  Name of Employer Self Employed  Receipt For:  Primary General  GA 31328-9706  Amount of Each Receipt this Permanulation of Each Recei	Mailing Address 118 San Marco Drive		
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Doctor of Optometry  Receipt For: Primary General  Aggregate Year-to-Date	•	·	
Receipt For:  Primary  General  Aggregate Year-to-Date  Occurrency  Aggregate Year-to-Date	FEC ID number of contributing		Amount of Each Receipt this Period  50.00
Primary General	Name of Employer Self Employed	· ·	
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		633.34

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 100 (check only one)    X
or for commercial p	oied from such Reports and Sta ourposes, other than using the n MMITTEE (In Full) tometric Association Polition	ame and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Shannon C F	of contributing committee.	State VA C	Zip Code 22932-3160	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 25 2011  Transaction ID: 33484514  Amount of Each Receipt this Period  50.00
Receipt For: Primary Other (sp	General ecify) ₩		f Optometry e Year-to-Date ▼ 300.00	]
Dr Ashley K Mc I	r, First, Middle Initial) Ferron 5 5079 W Sunset Dr	State	Zip Code	Date of Receipt    M
Eake Oswego	of contributing committee.	OR C	97035-4253	Amount of Each Receipt this Period 41.67
Name of Employed  Receipt For: Primary Other (sp	General	1	f Optometry  Year-to-Date ▼  250.02	
Full Name (Last Dr Beth A Kneib Mailing Address	First, Middle Initial)  6 602 Nw 163Rd St			Date of Receipt  0 6 2 5 2 0 1 1
City Shoreline		State WA	Zip Code 98177-3727	Transaction ID: 33484517  Amount of Each Receipt this Period
FEC ID number federal political Name of Emplo Self Employed	committee.	Occupation		41.67
Receipt For: Primary Other (sp	General		f Optometry 9 Year-to-Date ▼ 250.02	
SUBTOTAL of Re	eceipts This Page (optional)			133.34

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 100 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for com	mercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	OF COMMITTEE (In Full) ican Optometric Association Polit	ical Action	Committee	
Dr Mari	ame (Last, First, Middle Initial) io Joseph Contaldi			Date of Receipt
	Address 7728 Mid-Cities Blvd	Ctata	7in Code	06 25 2011
City North	Richland Hil	State TX	Zip Code 76180-4621	Transaction ID: 33484518  Amount of Each Receipt this Period
FEC ID	O number of contributing political committee.	C	70100 4021	90.91
Name o Self Er	of Employer mployed	Occupatio Doctor o	n f Optometry	
	ot For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 454.55	
B. Dr Joe	ame (Last, First, Middle Initial) Wesley De Loach Address 504 Edgelake Drive			Date of Receipt
- Iviaiii ig	Thursday 504 Eugerake Drive			06 25 2011
City		State	Zip Code	Transaction ID: 33484519
<u>Dallas</u>	8	TX	75218-2111	Amount of Each Receipt this Period
	O number of contributing political committee.	C		109.00
Self Er	of Employer mployed	Occupation Doctor of	n f Optometry	
	ot For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 545.00	]
	ame (Last, First, Middle Initial) n S Bowen			Date of Receipt
Mailing	Address 2570 Northshore Blvd	Ste 200		06 25 2011
City	er Mound	State TX	Zip Code 75028-8386	Transaction ID: 33484520
FEC ID	number of contributing political committee.	C	73020-0300	Amount of Each Receipt this Period  84.00
Name o Self Er	of Employer nployed	Occupatio Doctor o	n f Optometry	
	ot For: Primary General Other (specify) ▼		e Year-to-Date ▼ 420.00	
SUBTOT	AL of Receipts This Page (optional)			283.91
	This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 100 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden  Mailing Address 2432 Lake Air Dri	ve	Date of Receipt
City	State Zip Code	0 6 2 5 2 0 1 1 Transaction ID: 33484521
Waco FEC ID number of contributing federal political committee.	TX 76710-1611	Amount of Each Receipt this Period  90.91
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  454.55	
Full Name (Last, First, Middle Initial) Dr Richard L Talkington  Mailing Address 461 Pleasant St P.O. Box 521		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin  FEC ID number of contributing federal political committee.	State Zip Code NH 03235-1885	Transaction ID: 33484525  Amount of Each Receipt this Period  100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Dr Pamela E Theriot	L	Date of Receipt
Mailing Address 120 W Vuelta Fris	60	0 6 2 6 Y Y Y Y Y
City <u>Sahuarita</u>	State Zip Code AZ 85629-8672	Transaction ID: 33484526  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	nal)	240.91

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 100 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persoing the name and address of any political committee to n Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr D. Cory Rath Mailing Address 10748 Sprucedal  City Las Vegas FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State Zip Code NV 89144-4401  C  Occupation Doctor of Optometry	Date of Receipt  M M / D D D / Y Y Y Y Y  Transaction ID: 33484528  Amount of Each Receipt this Period  100.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr Maryjane Healey Mailing Address 6710 124Th Place	se Se	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33484530
Snohomish	WA 98296-8649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III		Date of Receipt
Mailing Address 1229 Highland La	akes Trail	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33484531
Birmingham  FEC ID number of contributing	AL 35242-6886	Amount of Each Receipt this Period
federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUPTOTAL of Possints This Page (enti-	onal)	350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 100 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any persoress of any political committee to	<del>                                     </del>
American Optometric Association Polit	tical Action (	Committee	
Full Name (Last, First, Middle Initial) Dr Gary G Veronneau			Date of Receipt
Mailing Address 1102 Main Street			06 24 2011
City	State	Zip Code	Transaction ID: 33484553
Rainelle	WV	25962-1256	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Jennifer L Smythe			Date of Receipt
Mailing Address 16511 Nw Canton St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33484557
Portland	OR	97229-1142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr D. Matthew Burchett	l		Date of Receipt
Mailing Address 1231 Parkview Way			0 6 2 4 2 0 1 1
City	State	Zip Code	Transaction ID: 33484559
Richmond	KY	40475-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			1115.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 100 (check only one)    X   11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Poli			on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Dr Charles B Brownlow Mailing Address P O Box 85  City Wild Rose FEC ID number of contributing federal political committee.	State WI	Zip Code 54984-0085	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 24 2011  Transaction ID: 33484560  Amount of Each Receipt this Period  1000.00
	Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼		on f Optometry e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr Robert S Buckingham, O.D. Mailing Address 6385 Cottonwood Ave	nue		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33484562
	Big Rapids	MI	49307-9146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
- :.	Full Name (Last, First, Middle Initial) Dr Jennifer Rae Bailey	1		Date of Receipt
	Mailing Address 157 E Edgewood Dr			06 24 2011
	City	State	Zip Code	Transaction ID: 33484563
	Springport  FEC ID number of contributing federal political committee.	C	47386-9524	Amount of Each Receipt this Period  365.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1565.00
Ī	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 100 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any per ng the name and address of any political committee  Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Sylvia E Sparrow Mailing Address 249 N White Stati	on State Zip Code	Date of Receipt    M
Memphis  FEC ID number of contributing federal political committee.	TN 38117-2860	Amount of Each Receipt this Period  500.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Dr Michael P Rosenblatt Mailing Address 10602 Little Run	Farm Ct	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33484785
Vienna FEC ID number of contributing federal political committee.	VA 22182-6608	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Larry G Obie		Date of Receipt
Mailing Address 1330 12Th Ave		0 6 28 2011
City	State Zip Code	Transaction ID: 33485185
Havre FEC ID number of contributing federal political committee.	MT 59501-5401	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optic	nal)	915.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 100 (check only one)    X
A C	any information copied from such Reports and r for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	litical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Kathryn Dingley Gurney  Mailing Address 1285 Industry Rd			Date of Receipt
	City	State	Zip Code	06 28 2011
	Industry	ME	04938-4545	Transaction ID: 33485188  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Kevin L Gee			Date of Receipt
	Mailing Address 9119 Highway 6 #200			06 28 2011
	City	State	Zip Code	Transaction ID: 33485190
	Missouri City  FEC ID number of contributing federal political committee.	C	77459-4876	Amount of Each Receipt this Period 90.91
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 545.46	
. –	Full Name (Last, First, Middle Initial) Dr George W Hertneky			Date of Receipt
	Mailing Address 16862 County Road 2	28		06 28 7 9 9 1
	City	State CO	Zip Code	Transaction ID: 33485194
	Brush FEC ID number of contributing federal political committee.	C	80723-9424	Amount of Each Receipt this Period  50.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		190.91

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 100 (check only one)    X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Pol	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Sue E Lowe			Date of Receipt
	Mailing Address 1704 Skyline Drive			06 28 2011
	City Laramie	State WY	Zip Code 82070-8932	Transaction ID: 33485195  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02070 0002	166.67
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.02	
 3.	Full Name (Last, First, Middle Initial) Dr Erica V Lukasko			Date of Receipt
	Mailing Address 119 Constitution Dr	06 28 2011		
	City	State	Zip Code	Transaction ID: 33485196
	Lafayette	LA	70503-6323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Self Employed	Occupation Doctor of	<sup>n</sup> f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr Mark Thomas Bowen			Date of Receipt
	Mailing Address P O Box 1410			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33485197
	Jena FEC ID number of contributing federal political committee.	C	71342-1410	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		691.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 100 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Randal V Christian Mailing Address 4594 Hwy 182		Date of Receipt
		06 28 2011
City Opelousas	State Zip Code LA 70570-4512	Transaction ID: 33485198  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 70370-4312	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr George Charles Stumpf, Jr Mailing Address 5412 Toby Lane		Date of Receipt
		06 28 2011
City Kenner	State Zip Code LA 70065-2348	Transaction ID: 33485202  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Ron Benner		Date of Receipt
Mailing Address 1408 E Maryland		0 6 2 8 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33485203
Laurel  FEC ID number of contributing federal political committee.	MT 59044-2238	Amount of Each Receipt this Period  166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.02	
SUBTOTAL of Receipts This Page (optional) .		1166.67
TOTAL This Period (last page this line numbe	·	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 100 (check only one)    X
or fo	information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Po	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
ا. ي	Full Name (Last, First, Middle Initial) Dr Neil W Draisin Mailing Address 21 Fairway Village La	ana		Date of Receipt
-	Dity	State	Zip Code	0 6 2 8 2 0 1 1 Transaction ID: 33485205
	Isle Of Palms	SC	29451-2732	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		41.67
<u>1</u> :	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.02	
3.	Full Name (Last, First, Middle Initial) Dr Jennifer M Smith Mailing Address 141 Sea Cotton Cir			Date of Receipt
_				06 28 2011
	City	State	Zip Code	Transaction ID: 33485206
- I	Charleston FEC ID number of contributing ederal political committee.	SC	29412-8296	Amount of Each Receipt this Period 41.67
<u>1</u>	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.02	
	Full Name (Last, First, Middle Initial) Dr G. Richard Mc Guirt, Jr			Date of Receipt
1	Mailing Address 1622 Bear Chene			06 28 2011
	City	State	Zip Code	Transaction ID: 33485208
ı	Westlake -EC ID number of contributing	C	70669-4110	Amount of Each Receipt this Period 50.00
_	ederal political committee.  Name of Employer Self Employed	Occupatio	on f Optometry	
Ī	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
su	BTOTAL of Receipts This Page (optional)			133.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 100 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association F	d Statements may not be sold or used by any personante name and address of any political committee to control of the control o	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert G Goerss Mailing Address 3120 Brookford Driv City Saint Charles FEC ID number of contributing federal political committee.	State Zip Code MO 63303-6356	Date of Receipt  M M M
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   300.00	
Full Name (Last, First, Middle Initial) Dr Thomas J Landry Mailing Address 9 Greenridge Drive City	State Zip Code	Date of Receipt    M M
Painted Post  FEC ID number of contributing federal political committee.  Name of Employer	NY 14870-9388  C Occupation	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Doctor of Optometry  Aggregate Year-to-Date ▼  700.00	]
Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland Mailing Address 1610 Wilson Court		Date of Receipt  0 6 2 8 2 0 1 1
City Eugene	State         Zip Code           OR         97402-3361	Transaction ID: 33485212  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	)	150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 100 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association F	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Lanny F Duclos, Jr Mailing Address 3795 Sunvalley		Date of Receipt
City Grantsville	State Zip Code UT 84029-8512	7 Transaction ID: 33485214
FEC ID number of contributing federal political committee.	C 84029-8512	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed  Receipt For: Primary General	Occupation Doctor of Optometry  Aggregate Year-to-Date   300.00	1
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr Michele R Haranin  Mailing Address 301 Concord Road	0 0 0 0 0 0 0 0	Date of Receipt
City  Dover  FEC ID number of contributing federal political committee.	State Zip Code DE 19904-9100  C	Transaction ID: 33485215  Amount of Each Receipt this Period  50.00
Name of Employer Self Employed  Receipt For: Primary General	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  300.00	1
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Craig M Brammer  Mailing Address P.O. Box 487		Date of Receipt
City Crowley FEC ID number of contributing	State Zip Code LA 70527-0487	Transaction ID: 33485217  Amount of Each Receipt this Period
federal political committee.  Name of Employer Self Employed	Occupation Doctor of Optometry	250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	) <u> </u>	350.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 100 (check only one)    X
A C	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Poli	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr Jan L Cooper Mailing Address 101 Chandler West City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Highland FEC ID number of contributing federal political committee.	CA	92346-5482	Amount of Each Receipt this Period 187.50
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼		f Optometry e Year-to-Date ▼ 1125.00	
— В.	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe Mailing Address 789 N Broad			Date of Receipt  0 6 2 8 2 0 1 1
	City  Galesburg  FEC ID number of contributing federal political committee.	State IL C	Zip Code 61401-2766	Transaction ID: 33485224  Amount of Each Receipt this Period  175.00
	Name of Employer Self Employed  Receipt For: Primary General Other (specify)		f Optometry e Year-to-Date ▼	
_ C.	Full Name (Last, First, Middle Initial)  Dr William Thomas Reynolds, Jr  Mailing Address 200 Larosa	0 0		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City Richmond FEC ID number of contributing	State KY	Zip Code 40475-7855	Transaction ID: 33485513  Amount of Each Receipt this Period  1000.00
	name of Employer Self Employed	Occupatio	on f Optometry	
	Receipt For:  Primary  General  Other (specify)		e Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)	l		1362.50

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial)  Dr. William Thomas Reynolds, Jr.  Mailing Address 200 Larosa  City State Zip Code KY 40475-7855  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Malvin Jackson  Mailing Address 404 Prince Of Wales Dr  City Stato Zip Code VA 23452-5759  FEC ID number of contributing federal political committee.  City Stato Zip Code VA 23452-5759  FEC ID number of contributing federal political committee.  City Stato Zip Code VA 23452-5759  FEC ID number of contributing federal political committee.  City Stato Zip Code VA 23452-5759  FEC ID number of contributing federal political committee.  City Primary General Cither (specify) ▼  Pull Name (Last, First, Middle Initial)  Dr. Flactor Valueskon  Mailing Address 119 Constitution Dr  City Stato Zip Code Latavotto Licaskon  Mailing Address 119 Constitution Dr  City Stato Zip Code Latavotto Licaskon  Mailing Address 119 Constitution Dr  City Stato Zip Code Latavotto Licaskon  Mailing Address 119 Constitution Dr  City Stato Zip Code Latavotto Licaskon  Mailing Address 119 Constitution Dr  City Stato Zip Code Latavotto Licaskon  Mailing Address 119 Constitution Dr  City Stato Zip Code Latavotto Licaskon  Mailing Address 119 Constitution Dr  City Stato Zip Code Latavotto Licaskon  Mailing Address 119 Constitution Dr  City Stato Zip Code Latavotto Licaskon  Mailing Address 119 Constitution Dr  City Stato Zip Code Latavotto Licaskon  Mailing Address 119 Constitution Dr  City Stato Zip Code Latavotto Licaskon  Mailing Address 119 Constitution Dr  City Stato Zip Code Latavotto Licaskon  Aggregate Ye	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 100 (check only one)  X 11a 11b 11c 12
American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial) Dr William Thomas Reynolds, Jr Mailing Address 200 Larosa  City State Zip Code Richmond RY 40475-7855 FEC ID number of contributing federal political committee.  C C Cocupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ 2500.00  Full Name (Last, First, Middle Initial) Dr Melvin Jackson Mailing Address 404 Prince Of Wales Dr  City State Zip Code VA 23452-5758  FEC ID number of contributing federal political committee.  C C Cocupation Doctor of Optometry  Receipt For: Primary General Other (specify) ▼ 2500.00  Full Name (Last, First, Middle Initial) Dr Melvin Jackson Mailing Address 404 Prince Of Wales Dr  City State Zip Code VA 23452-5758  FEC ID number of contributing federal political committee.  C C Cocupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ 500.00  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko Mailing Address 119 Constitution Dr  City State Zip Code Lafavette LA 70503-6323  FEC ID number of contributing federal political committee.  C C Jackson Mailing Address 119 Constitution Dr  City State Zip Code Lafavette LA 70503-6323  Amount of Each Receipt this Period  Doctor of Optometry  Self Employed  Doctor of Optometry  Aggregate Year-to-Date ▼  Transaction ID: 33485538  Amount of Each Receipt this Period  Doctor of Optometry  Date of Receipt  Transaction ID: 33485538  Amount of Each Receipt this Period  Doctor of Optometry  Date of Receipt  Transaction ID: 33485538  Amount of Each Receipt this Period  Doctor of Optometry  Doctor of Optometry  Doctor of Optometry  Receipt For: Primary General  Other (specify) ▼ 2011  Transaction ID: 33485538  Amount of Each Receipt this Period		Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. William Thomas Reynolds, Jr  Mailing Address 200 Larosa  City State Zip Code KY 40475-7855  FEC ID number of contributing feederal political committee.  Name of Employer State Zip Code Doctor of Optometry  Receipt For: Primary General Other (specify) ▼  Cupation Doctor of Optometry  Doctor of Optometry  State Zip Code VA 23452-5758  Date of Receipt Manual Amount of Each Receipt this Period  Doctor of Optometry  Date of Receipt Size Amount of Each Receipt Size Size Size Size Size Size Size Size	` '	plitical Action Committee	
City State Zip Code Richmond KY 40475-7855  FEC ID number of contributing federal political committee.  C			Date of Receipt
Richmond  KY 40475-7855  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko Mailing Address 119 Constitution Dr  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko Mailing Address 119 Constitution Dr  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko Mailing Address 119 Constitution Dr  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko Mailing Address 119 Constitution Dr  City State Zip Code VA 23452-5758  FEC ID number of contributing federal political committee.  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko Mailing Address 119 Constitution Dr  City State Zip Code Tonato V  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko Mailing Address 119 Constitution Dr  City State Zip Code Tonato V  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko  Mailing Address 119 Constitution Dr  City State Zip Code Tonato V  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko  Mailing Address 119 Constitution Dr  City State Zip Code Tonato V  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko  Mailing Address 119 Constitution Dr  City State Zip Code Tonato V  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko  Mailing Address 119 Constitution Dr  City State Zip Code Tonato V  Transaction ID: 33485538  Amount of Each Receipt this Period  C 200.00	Mailing Address 200 Larosa		06 27 2011
FEC ID number of contributing federal political committee.    Name of Employed   Coccupation   Doctor of Optometry	•	•	
Name of Employer   Self Employer   Doctor of Optometry	Richmond	KY 40475-7855	Amount of Each Receipt this Period
Self Employed  Receipt For:		C	1000.00
Receipt For:     Primary	Name of Employer Self Employed	1 ·	
Primary General Other (specify) ▼	Receipt For:	_ <del>,                                   </del>	
Date of Receipt  City  State Zip Code VA 23452-5758  FEC ID number of contributing federal political committee.  Name of Employer Self Employer Other (specify) ▼  City  State Zip Code VA 23452-5758  C  C  C  C  Date of Receipt Transaction ID: 33485515  Amount of Each Receipt this Period  Fundament of Each Receipt  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
Mailing Address 404 Prince Of Wales Dr  City State Zip Code VA 23452-5758  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Doctor of Optometry  Receipt For: Primary General Other (specify) ▼ State Zip Code State Zip Code Lafavette LA 70503-6323  FEC ID number of contributing federal Doctor of Optometry  Receipt For: Primary General Other (specify) ▼ State Zip Code LA 70503-6323  FEC ID number of contributing federal political committee.  C State Zip Code Lafavette LA 70503-6323  FEC ID number of contributing federal political committee.  Name of Employer Self Employer Self Employer Doctor of Optometry  Receipt For: Aggregate Year-to-Date ▼ 200.00	,	1	Date of Receipt
City State Zip Code   Virginia Bch VA 23452-5758    Transaction ID: 33485515  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 33485515  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 33485515  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 33485538  Date of Receipt  Transaction ID: 33485538  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 33485538  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 33485538  Amount of Each Receipt this Period  Date of Receipt Transaction ID: 33485538  Amount of Each Receipt this Period  Date of Receipt Transaction ID: 33485538  Amount of Each Receipt this Period  Date of Receipt Transaction ID: 33485538  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt Transaction ID: 33485538  Amount of Each Receipt this Period  Amount of Each Receipt		s Dr	M M / D D / Y Y Y Y
Virginia Bch  VA  23452-5758  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko  Mailing Address 119 Constitution Dr  City State Zip Code LA  70503-6323  FEC ID number of contributing federal political committee.  Name of Employer Self Employer General  Aggregate Year-to-Date ▼  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	City	State Zip Code	
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko  Mailing Address 119 Constitution Dr  City State Zip Code LA 70503-6323  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Name of Employer Self Employed  Receipt For: Primary General  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  C 200.00	Virginia Bch	VA 23452-5758	
Receipt For:    Primary   General   Sound   S		C	
Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Erica V Lukasko  Mailing Address 119 Constitution Dr  City State Zip Code Lafayette LA 70503-6323  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Name of Employer Self Employed	1 ·	
Dr Erica V Lukasko  Mailing Address 119 Constitution Dr  City State Zip Code  Lafayette LA 70503-6323  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Date of Receipt  Transaction ID: 33485538  Amount of Each Receipt this Period  200.00	Primary General		
City State Zip Code Lafayette LA 70503-6323  FEC ID number of contributing federal political committee.  C			Date of Receipt
Lafayette LA 70503-6323 Amount of Each Receipt this Period   FEC ID number of contributing federal political committee. C 200.00    Amount of Each Receipt this Period  200.00  Cocupation Doctor of Optometry  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  235.00  Amount of Each Receipt this Period  200.00  200.00  Amount of Each Receipt this Period  200.00  200.00  Amount of Each Receipt this Period  200.00  200.00  200.00  Amount of Each Receipt this Period  200.00  200.00  200.00  Amount of Each Receipt this Period  200.00  200.00  200.00  Amount of Each Receipt this Period  200.00  Amount of Eac	Mailing Address 119 Constitution Dr		
Lafayette LA 70503-6323 Amount of Each Receipt this Period   FEC ID number of contributing federal political committee. C 200.00    Amount of Each Receipt this Period  200.00  Cocupation Doctor of Optometry  Aggregate Year-to-Date ▼  Primary  General  Amount of Each Receipt this Period  200.00  200.00  Amount of Each Receipt this Period  200.00  200.00  Amount of Each Receipt this Period  200.00  200.00  200.00  200.00  Amount of Each Receipt this Period  200.00  200.00  200.00  Amount of Each Receipt this Period  200.00  200.00  200.00  200.00  Amount of Each Receipt this Period  200.00  200.00  Amount of Each Receipt this Period  200.00  200.00  200.00  Amount of Each Receipt this Period  200.00  200.00  200.00  Amount of Each Receipt this Period  200.00  Amount of Each Receipt this Period  200.00  200.00  Amount of Each Receipt this Period  200.00  Amoun	City	State Zip Code	Transaction ID: 33485538
Receipt For:  Primary  General  Coccupation Doctor of Optometry  Aggregate Year-to-Date  Aggregate Year-to-Date  235 00	Lafayette	LA 70503-6323	
Receipt For:  Primary  General  Aggregate Year-to-Date  325.00		C	200.00
Primary General	Name of Employer Self Employed		
Other (specify) ▼ 325.00			
	Other (specify) ▼	325.00	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  by information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 100 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Pol	e name and ad	dress of any political committee to	o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr Derrell R Spurlock, II  Mailing Address 1665 Barnes Rd  City Athens  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	<del>, '</del>	Zip Code 71003  on f Optometry e Year-to-Date ▼ 365.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 33485539  Amount of Each Receipt this Period  365.00
<u>—</u> В.	Full Name (Last, First, Middle Initial) Dr Thomas J Landry Mailing Address 9 Greenridge Drive  City Painted Post  FEC ID number of contributing	State NY	Zip Code 14870-9388	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For:  Primary  Other (specify)	<del>, '</del>	on f Optometry e Year-to-Date ▼ 650.00	400.00
 C.	Full Name (Last, First, Middle Initial) Dr Rand William Siekert  Mailing Address 6800 North Montezum  City  Tucson	na Drive State AZ	Zip Code 85718-2432	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	<del>, '</del>	on f Optometry e Year-to-Date ▼	500.00
s	UBTOTAL of Receipts This Page (optional) .		<b>]</b>	1265.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 100 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any person dress of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Political Politi	tical Action (	Committee	
Full Name (Last, First, Middle Initial) Dr Michael R Flandro			Date of Receipt
Mailing Address 4944 Mohawk Place			06 27 2011
City	State	Zip Code	Transaction ID: 33486069
<u>Pocatello</u>	ID	83204-4534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Elizabeth C Mc Munn			Date of Receipt
Mailing Address 13 Hearthstone Dr			0 6 2 7 2 0 1 1
City	State	Zip Code	Transaction ID: 33486071
North Franklin	CT	06254-1521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Dale F Hardy			Date of Receipt
Mailing Address 10573 S Weeping Will	ow Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33486077
Sandy	UT	84070-4241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		360.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)			1025.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 69 / 100   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association			
Full Name (Last, First, Middle Initial) Dr William David Gordon			Date of Receipt
Mailing Address 3303 Lake Desiard	d Drive		0 6 2 7 2 0 1 1
City Monroe	State LA	Zip Code 71201-2035	Transaction ID: 33486080
FEC ID number of contributing federal political committee.	C	71201-2003	Amount of Each Receipt this Period  5000.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Dr Martha Rosemore Morrow			Date of Receipt
Mailing Address 181 Windsor			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33486081
Russellville  FEC ID number of contributing federal political committee.	C	35653-4075	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Jason T Ortman			Date of Receipt
Mailing Address 8085 E Byers Ave	nue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Denver	State CO	Zip Code 80230-6755	Transaction ID: 33486085
FEC ID number of contributing federal political committee.	C	00250-0755	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option			6365.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 100 (check only one)    X   11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli			on for the purpose of soliciting contributions a solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr Jeffrey M Sakai  Mailing Address 255 Dowsett Avenue			Date of Receipt  O 6 27 2011
	City	State	Zip Code	Transaction ID: 33486100
	Honolulu  FEC ID number of contributing federal political committee.	С	96817-5208	Amount of Each Receipt this Period  365.00
	Name of Employer Self Employed  Receipt For: Primary General Other (specify)		f Optometry e Year-to-Date ▼ 365.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr Weslie M Hamada  Mailing Address 505 Avocado Street	0 0	0 0 0 0 0 0 0 0	Date of Receipt
	City	State	Zip Code	0 6 2 7 2 0 1 1 Transaction ID: 33486103
	Wahiawa	HI	96786-1822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Dr Russell G Hopkins Mailing Address 901 Park Place	1		Date of Receipt
	City	State	Zip Code	0 6 2 7 2 0 1 1 Transaction ID: 33486106
	Kingfisher	OK	73750-3826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify)	<del>, '</del>	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1230.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 100 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  American Optometric Associatio	s and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Associatio	ii Foilicai Action Committee	
Full Name (Last, First, Middle Initial) Dr Stacey J Meier		Date of Receipt
Mailing Address 604 E Yearling R	Rd	0 6 27 2011
City	State Zip Code	Transaction ID: 33486107
Phoenix	AZ 85085-1817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Linda T Arakaki	I	Date of Receipt
Mailing Address 99-923 Huluman	u Street	M M / D D / Y Y Y Y Y O D D / 27 2011
City	State Zip Code	Transaction ID: 33486108
<u>Aiea</u>	HI 96701-3236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Joseph C Mallinger		Date of Receipt
Mailing Address 28417 Tricia Pl		0 6 2 7 Y Y Y Y Y
City	State Zip Code	Transaction ID: 33486110
Escondido	CA 92026-6666	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	
SUBTOTAL of Receipts This Page (option	onal)	3600.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 100 (check only one)    X   11a
Any information copied from suc or for commercial purposes, other NAME OF COMMITTEE (In American Optometric As	er than using the name and a Full)	ddress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Dr Peter Jeffery Shoji Mailing Address 1910 Put City Honolulu FEC ID number of contributir federal political committee.  Name of Employer Self Employed	State HI  Occupati	Zip Code 96822-1776	Date of Receipt  O 6  2 8  2 0 1 1  Transaction ID: 33486394  Amount of Each Receipt this Period  500.00
Receipt For:  Primary Gene Other (specify) ▼	Aggrega	te Year-to-Date   500.00	
Full Name (Last, First, Middle Dr Lynn A Davis Mailing Address 1424 Tiff  City Rio Rancho  FEC ID number of contributir	any Lane Se State NM	Zip Code 87124-0976	Date of Receipt    M M M
Receipt For:  Primary  Other (specify) ▼	Occupati Doctor	on of Optometry te Year-to-Date ▼  333.36	83.34
Full Name (Last, First, Middle Dr Mike L Korthals  Mailing Address 2111 N 8  City  Clear Lake  FEC ID number of contributir federal political committee.	State IA	Zip Code 50428-1499	Date of Receipt    M M M
Name of Employer Self Employed  Receipt For:  Primary Gene Other (specify) ▼	Aggrega	of Optometry te Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This P	age (optional)		948.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports ar	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 100 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	the name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr William J Lapple Mailing Address 8663 East Main Ro.	ad	Date of Receipt
City	State Zip Code	0 6 2 9 2 0 1 1 Transaction ID: 33486806
Le Roy	NY 14482-9717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr Bill Craig Thompson		Date of Receipt
Mailing Address 2905 Champlin Cou	urt	0 6 29 2011
City	State Zip Code	Transaction ID: 33486886
Richardson	TX 75082-4094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr Daniel Allen Robison		Date of Receipt
Mailing Address 21081 Sw Jameco	Court	0 6 2 7 2 0 1 1
City Tualatin	State Zip Code OR 97062-9313	Transaction ID: 33488715  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	I)	865.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 100 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Devjani Lahiri-Munir  Mailing Address 8008 Bluebonnet E	Blvd Apt 11-7	Date of Receipt
City Baton Rouge	State Zip Code LA 70810-7810	Transaction ID: 33489870  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	500.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Doctor of Optometry  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Dr David H Fisher, Jr Mailing Address 1 Renee' Ave		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33490093
Lafayette	LA 70503-3366	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Clifton Mark Cowan		Date of Receipt
Mailing Address 7779 Kurthwood R P O Box 63		06 29 2011
City Leesville	State Zip Code LA 71446-2226	Transaction ID: 33490095  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	•	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 100 (check only one)    X   11a
(	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Cherri T Cowan			Date of Receipt
	Mailing Address Po Box 63	Stata	Zip Code	06 29 2011
	City Leesville	State LA	71496-0063	Transaction ID: 33490096  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7.100 0000	1000.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr Timothy John Barry Mailing Address 221 Woodrich Ln			Date of Receipt
				06 29 2011
	City	State	Zip Code	Transaction ID: 33490097
	Lafayette	LA	70507-5207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- ).	Full Name (Last, First, Middle Initial) Dr Henry J Carter			Date of Receipt
	Mailing Address 309 Thibodeaux Drive			06 30 7 2011
	City	State	Zip Code	Transaction ID: 33501298
	Lafayette FEC ID number of contributing federal political committee.	C	70503-4444	Amount of Each Receipt this Period  365.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			2365.00
F	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		<u> </u>	2303.00

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 76 / 100
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Optometric Association Po	litical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Pamela B Carter			Date of Receipt
Mailing Address 309 Thibodeaux Drive	e		06 30 7 2011
City	State	Zip Code	Transaction ID: 33501299
<u>Lafayette</u>	LA	70503-4444	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	•	365.00
TOTAL This Period (last page this line number only)	<u> </u>	55449.79

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 100 (check only one)  11a 11b 11c 12 13 14 15 X 16 17
	ly information copied from such Reports and Statements r for commercial purposes, other than using the name and		
$\sqrt{}$	NAME OF COMMITTEE (In Full)		
/	American Optometric Association Political Actio	n Committee	
	Full Name (Last, First, Middle Initial) Rush Holt For Congress		Date of Receipt
	Mailing Address PO Box 782		06 07 7 2011
	City State	Zip Code	Transaction ID: 33420903
	Pennington NJ	08534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	000313684	1500.00
	Name of Employer Occupa	tion	
	Receipt For: 2010 Aggreg  Primary X General  Other (specify) ▼	ate Year-to-Date ▼ 1500.00	Refund

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1500.00
TOTAL This Period (last page this line number only)	<b>•</b>	1500.00

	CHEDULE B (FEC Form	3X)	Use sepa	arate schedule(s)			E NUMBER	₹:	F	PAGE	78 / 1	00
ITE	EMIZED DISBURSEMEI	NTS		category of the Summary Page		(check or 21b 27	22 28a	X 23 28b	24	, П	25 29	П
	Information copied from such Report or commercial purposes, other than us											
1	NAME OF COMMITTEE (In Full) American Optometric Association				1 0011	militee to s	Oncir Contin	bullons in	JIII SUCI	COIIII		
	Full Name (Last, First, Middle Initial) ACTON PAC							action ID:		'8425		
Ī	Mailing Address PO Box 442						06	/ DO	D /	y y 2	0 1 1	Υ
	City Sharpsburg		State GA	Zip Code 30277			Amour	nt of Each	Disburs			erio
(	Purpose of Disbursement Committee Contribution Candidate Name					011				100	00.00	
/	ACTON PAC  Office Sought: House	Dishurse	ment For:			ategory/ Type						
	Senate President State: District:	Biobalio	Primary Other (spe	General ecify) ▼			Comm	nittee Co	ntribut	ion		
F	Full Name (Last, First, Middle Initial) Stivers For Congress							action ID:		31117		
1	Mailing Address 4679 Winterse	et Drive					0 <sup>M</sup> 6	/ DO	2 /	y y 2	0 1 1	Y
	City Columbus		State OH	Zip Code 43220			Amour	nt of Each	Disburs			erio
(	Purpose of Disbursement Candidate Contribution Candidate Name Mr. Steve Stivers					011 ategory/	L.			250	00.00	
(	Office Sought:  X House Senate President  State: OH  District: 15		ment For: Primary Other (spe	2012 General		Туре	Candi	date Cor	ntributio	on		
	Full Name (Last, First, Middle Initial) Allen West For Congress	-1					Date o	action ID: f Disburse	ement			
ľ	Mailing Address PO Box 1028						06	/ DO	2 /	ž	0 1 1	Y
[	City Deerfield Beach		State FL	Zip Code 33443			Amour	nt of Each	Disburs			eric
(	Purpose of Disbursement Candidate Contribution Candidate Name					011 ategory/			-	100	00.00	
F	Rep. Allen West					Type						
	Office Sought: X House Senate President State: FL District: 22		ment For: Primary Other (spe	2012 General ecify)			Candi	date Cor	ntributio	on		
_	Olaio. I L DISTITUL. ZZ						<u> </u>					_

TEMPER PLOPUROFILENTS	Use separate schedule(s	(check onl	E NUMBER: PAGE 79 / 10 nly one)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29					
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)	-1 A-4: O:-							
American Optometric Association Politic	ai Action Committee							
Full Name (Last, First, Middle Initial)  Bob Casey For Pennsylvania Committee			Transaction ID: 33381122					
	•		Date of Disbursement  0 6 0 2 2 0 1 1					
Mailing Address PO Box 22469			06 02 2011					
City	State Zip Code		Amount of Each Disbursement this Perio					
Philadelphia  Purpose of Disbursement	PA 19110		2500.00					
Candidate Contribution		011						
Candidate Name Mr. Bob Casey		Category/ Type						
Office Sought:    House   Disbu    X   Senate     President	x sement For: 2012  X Primary General Other (specify)		Candidate Contribution					
State: PA District:								
Full Name (Last, First, Middle Initial) Nunnelee For Congress			Transaction ID: 33381124					
			Date of Disbursement  0 6 0 2 2 0 1 1					
Mailing Address 438 East Main St PO Box 7092			06 02 2011					
City Tupelo	State Zip Code MS 38802		Amount of Each Disbursement this Perio					
Purpose of Disbursement								
Candidate Name Rep. Alan Nunnelee		011 Category/ Type						
Senate President	sement For: 2012  X Primary General Other (specify)		Candidate Contribution					
State: MS District: 01  Full Name (Last, First, Middle Initial)			Transaction ID: 00001101					
Friends Of Jim Clyburn			Transaction ID: 33381131 Date of Disbursement					
Mailing Address PO Box 12567			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
City Columbia	State Zip Code SC 29211		Amount of Each Disbursement this Period					
Purpose of Disbursement Candidate Contribution		011	5000.00					
Candidate Name Rep. James E. Clyburn		Category/ Type						
Office Sought:  X House Senate President State: SC District: 06	x Sement For: 2012  X Primary General Other (specify)	1	Candidate Contribution					
State. 30 District. 00								
ĺ	l)		10000.00					

	HEDULE B (FEC FOIII 3X)		, I	Use separate schedule(s)					E NUMBER: PAGE 80 / 100						
IT	EMIZED DISBURS	EMENT	S		category of the Summary Page			21b 27	22 28a	X	23 28b	24 28		25 29	$\square$
	/ Information copied from suc or commercial purposes, other	er than using						person f	or the pu		se of so	oliciting	contri	butions	
$\rangle$	NAME OF COMMITTEE (In American Optometric As	•	Political <i>i</i>	Action Co	ommittee										
	Full Name (Last, First, Middl Braley For Congress Mailing Address PO Bo								Date		isburse	3338 ement 2 /		7 2 0 1 1	Y
	City Waterloo			State A	Zip Code 50704				Amou	ınt o	f Each	Disbur	semer	nt this P	Period
	Purpose of Disbursement Candidate Contribution Candidate Name					C	011						25	00.00	
	Rep. Bruce Braley  Office Sought: X Hous Sena Presi State: IA District:	te dent	Disburser	ment For: Primary Other (spe	2012 General ecify)		Тур	•	Cand	idat	e Cor	itributi	on		
	Full Name (Last, First, Middl Bring Leadership Back F Mailing Address P O B										isburse	3338 ement 2		3 2 0 1 1	Y
	City Arlington			State VA	Zip Code 22204				Amou	ınt o	f Each	Disbur			
	Purpose of Disbursement Committee Contribution  Candidate Name Bring Leadership Back F  Office Sought: Hous Sena Presi	e te	Disburser	ment For: Primary Other (spe	General		011 atego Type	ory/	Comi	nitte	ee Co	ntribut		00.00	
	State: District: Full Name (Last, First, Middl RANGER PAC				, son y) •						ion ID:	3338 ement	35503	3	
	Mailing Address PO BC	X 2485							0 <sup>M</sup> 6	М	<sup>′</sup> 0	<sup>D</sup> 2	Y	011	Υ
	City SPRINGFIELD			State VA	Zip Code 22152				Amou	ınt o	f Each	Disbur			-
	Purpose of Disbursement Committee Contribution  Candidate Name RANGER PAC						011 atego Type	ory/			•		20	00.00	
	Office Sought: Hous Sena Presi State: District:	te		nent For: Primary Other (spe	General ecify) ▼				Comi	mitte	ee Co	ntribut	ion		
_	JBTOTAL of Disbursements		P D								•		95	00.00	

	HEDULE B (FEC Form 3X) MIZED DISBURSEMENTS		Use separate schedule(s							NE NUMBER: PAGE 81 / 100 nly one)						
EIVIIZED DISE	DURSEINEN	15		category of the Summary Page		$\Box$	21b 27	22 28	L	_	23 28b	, F	24 280	;	25 29	E
ny Information copied for commercial purpo																s
NAME OF COMMIT		9	<u></u>	55 5. a, po	-									-		
American Optom	etric Association	Political A	Action Co	ommittee												
Full Name (Last, Fire Graves For Cong													3338 nent	6182	2	
Mailing Address	2345 Grand, Su	ite 2400						O <sub>V</sub>	6	/		0 2	2 /	Y	2 0 1 c	1 Y
City Kansas City			tate //O	Zip Code 64108				An	nour	nt of	Eac	ch E	isburs	emer	nt this I	Perio
Purpose of Disburse Candidate Contribut						011		l L			_			25	00.00	)
Candidate Name Rep. Samuel B. (						atego Type	ory/									
Office Sought:	X House Senate President		nent For: Primary Other (spe	2012 General		. , , p		Ca	ndio	date	e Co	ont	ributio	n		
State: MO D	vistrict: 06							_								
Rogers For Cong								Da	te o	f Di	sbui	sen	3338 nent			
Mailing Address	Mailing Address PO Box 581								6			0 2	2 /	2	2 0 1 °	1
City Brighton			tate //I	Zip Code 48116				An	nour	nt of	Eac	ch C	isburs	emer	nt this I	Perio
Purpose of Disbursement Candidate Contribution														30	00.00	)
Candidate Name Rep. Michael J. F			011 atego Type	ory/												
	X House Senate President		nent For: Primary Other (spe	2012 General ecify)				Ca	ndid	date	e Co	ont	ributio	n		
State: MI D	st, Middle Initial)							Tra	ากรส	actio	on I	D:	3344	7503	3	
Scalise For Cong	ress							Da		f Di		ser	nent			V
Mailing Address	PO Box 23219								6		Ľ	1 4	Ĭ	2	0 1 ·	1
City Jefferson			tate -A	Zip Code 70183				An	nour	nt of	Eac	ch C	isburs	emer	nt this I	Perio
Purpose of Disburse Candidate Contribut					Г	011		L						10	00.00	)
Candidate Name Rep. Steve Scalis						atego Type	ory/									
Office Sought:	X House Senate President		nent For: Primary Other (spe	2012 General		71-		Ca	ndi	date	e Co	ont	ributio	n		
State: LA D	istrict: 01		outer (Spe	, (in y) <b>∀</b>												
										-	-	-			00.00	

IT	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		E NUMBER: PAGE 82 / 100
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check on 21b 27	y one)  22 X 23 24 25 2  28a 28b 28c 29
	y Information copied from such Reports and State or commercial purposes, other than using the nar				
	NAME OF COMMITTEE (In Full)  American Optometric Association Politica				sion contributions from soon committee
<u>/</u>	Full Name (Last, First, Middle Initial) Pompeo For Congress Inc				Transaction ID: 33447509 Date of Disbursement
	Mailing Address PO Box 780146				06 14 2011
	City Wichita	State KS	Zip Code 67212		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution Candidate Name			011 Category/	1000.00
	Rep. Mike Pompeo	sement For:	2012	Type	
	Senate President	C Primary Other (spe	General		Candidate Contribution
	State: KS District: 04  Full Name (Last, First, Middle Initial)  Progressive Choices PAC				Transaction ID: 33447527 Date of Disbursement
	Mailing Address PO Box 58				0 6 1 4 Y 2 0 1 1 Y
	City Evanston	State IL	Zip Code 60204		Amount of Each Disbursement this Perio
	Purpose of Disbursement Committee Contribution			011	5000.00
	Candidate Name Progressive Choices PAC			Category/ Type	
	Office Sought:    House   Disburs	ement For: Primary Other (spe	General ecify) ▼		Committee Contribution
	Full Name (Last, First, Middle Initial) Snowe For Senate				Transaction ID: 33447531 Date of Disbursement
	Mailing Address PO Box 2012				06 14 7 2011
		State ME	Zip Code 04104		Amount of Each Disbursement this Perio
	Mailing Address PO Box 2012  City Portland  Purpose of Disbursement Candidate Contribution			011	
	Mailing Address PO Box 2012  City Portland  Purpose of Disbursement Candidate Contribution  Candidate Name Sen. Olympia J. Snowe	ME	04104	011 Category/ Type	Amount of Each Disbursement this Perio
	Mailing Address PO Box 2012  City Portland  Purpose of Disbursement Candidate Contribution  Candidate Name Sen. Olympia J. Snowe  Office Sought: House Disburs		2012 General	Category/	Amount of Each Disbursement this Period

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)			eck only	NUMBE	n.		L	PAGE	83 /	100
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a		23 28b		3c	25 29	
	y Information copied from such Reports and Stater or commercial purposes, other than using the nam											S
$\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politica	Action Committee										
<u> </u>	Full Name (Last, First, Middle Initial) Roskam For Congress Committee					<b>Trans</b> Date				4753	2	
	Mailing Address P. O. Box 713					0 <sup>M</sup> 6	M /	<sup>D</sup> 1	<sup>D</sup> 4	Y	201	1 Y
	City Wheaton	State Zip Code IL 60187				Amou	int of	Each	Disbu		nt this I	
	Purpose of Disbursement Candidate Contribution Candidate Name		_	011						1(	00.00	)
	Rep. Peter Roskam	ement For: 2012		tego Type	- 1							
		Primary General Other (specify)				Cand	idate	Con	tribut	ion		
	Full Name (Last, First, Middle Initial) Mike Honda For Congress					<b>Trans</b> Date				5950	5	
	Mailing Address  C/O Contribution Solution 123 E. San Carlos St., #					0 <sup>M</sup> 6	M /	<sup>D</sup> 2	<b>0</b> /	Y	ž 0 1 -	1 Y
	City San Jose	State Zip Code CA 95112				Amou	int of	Each	Disbu		nt this I	
	Purpose of Disbursement Candidate Contribution			011						1(	00.00	)
	Candidate Name Rep. Michael M. Honda			atego Type	-							
	9 1	ement For: 2012 Primary General Other (specify)				Cand	idate	Con	tribut	ion		
	Full Name (Last, First, Middle Initial) Steve Daines For Montana					<b>Trans</b> Date	of Dis	burse	ement			
	Mailing Address PO Box 1598					0 6	M /	<sup>D</sup> 2	0 /	Y 2	ž 0 1 -	1 Y
	City Helena	State Zip Code MT 59624				Amou	int of	Each	Disbu		nt this I	
	Purpose of Disbursement		_	011		L.	•	•		50	00.00	)
	Candidate Name Mr. Steven Daines			atego Type	- 1							
	Senate X President	ement For: 2012 Primary General Other (specify)										
	State: MT District: 00									70		

TEMIZED DISBURSEMENTS    for each category of the   21 th   22   23   28   24   25   25   28   28   28   28   28   28	TELUZED BIABLIBATION	Use separate schedu	11e(S)   /_b1	NUMBER: PAGE 84 / 100 y one)
NAME OF COMMITTEE (In Full)  American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial) Priority PAC  Mailing Address 420 C Street, N.E.  City State Zip Code DC 20002  Purpose of Disbursement Committee  President President State: District: 08  Mailing Address 115 N Broad Street  City Senate PA District: 08  Full Name (Last, First, Middle Initial) Priority PAC  Office Sought: Y 20 1 1 1  Amount of Each Disbursement this Perio Category/ Type  Camdidate Name PA 18901  Purpose of Disbursement Committee Contribution  Cardidate Name PA District: 08  Mailing Address PO Box 3176  City State Zip Code Disbursement Tor: Category/ Type  Candidate Contribution  Cardidate State Senate PA District: 08  Mailing Address PO Box 3176  City State Zip Code Disbursement Tor: Category/ Type  Candidate Contribution  Cardidate State Senate Primary General Other (specify) ▼  Transaction ID: 33479625  Date of Disbursement this Perio Cardidate Contribution  Amount of Each Disbursement this Perio Code Senate Primary General Other (specify) ▼  Category/ Type  Candidate Contribution  Cardidate Senate President NJ 07740  Purpose of Disbursement Candidate Contribution  Cardidate Name Clast, First, Middle Initial)  Pallone For Congress  Mailing Address PO Box 3176  City State Zip Code NJ 07740  Purpose of Disbursement Candidate Contribution  Cardidate Name Clast, First, Middle Initial)  Pallone For Congress  Mailing Address PO Box 3176  City Congress Congress Category/ Type  Category/ Type  Category/ Type  Candidate Contribution  Category/ Type  Category/ Type  Candidate Contribution  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Candidate Contribution  Category/ Type  Candidate Contribution  Category/ Type  Category/	I EMIZED DISBURSEMENTS		age 21b	22 X 23 24 25
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Candidate Name Rep. Thomas P. Latham				tegory/ Type							
Office Sought: X House Senate President State: IA District: 04		ement For: Primary Other (spe	2012 General		Candi	date Co	ntribut	ion			
Full Name (Last, First, Middle Initial Boswell For Congress	al)					action ID of Disburs		8504	8		
Mailing Address PO Box 18	14				0 <sup>M</sup> 6	M / D	2 7 /	Υ	ž 0 1	1 Y	
City Des Moines		State IA	Zip Code 50305		Amou	nt of Each	n Disbu	rseme	nt this	Perio	)d
Purpose of Disbursement Candidate Contribution				011	<u> </u>			2	500.00	0	_
Candidate Name Rep. Leonard L. Boswell				tegory/ Γype							
Office Sought:  X House Senate President State: IA District: 03		ement For: Primary Other (spe	2012 General ecify) ▼		Candi	date Co	ntribut	ion			
Full Name (Last, First, Middle Initia Whitehouse For Senate	al)					action ID of Disburs		8505	2		
Mailing Address P.O. Box 4	0280				0 <sup>M</sup> 6	M / D	27	Υ	ž 0 1	1 Y	
City Providence		State RI	Zip Code 02940		Amou	nt of Each	n Disbu				nd
Purpose of Disbursement Candidate Contribution				011	L.			1	00.00	0	_
Candidate Name Mr. Sheldon Whitehouse				tegory/ Гуре							
Office Sought:    House   X Senate   President     State: RI   District:		ement For: Primary Other (spe	2012 General ecify) ▼		Candi	date Co	ntribut	ion			
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V	American Optometric Association Politica	Action Committee			
	Full Name (Last, First, Middle Initial) Tim Scott For Congress  Mailing Address 1405 Ashley River Road				Transaction ID: 33485054 Date of Disbursement  M M M / D Z 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code			Amount of Each Disbursement this Perio
	Charleston  Purpose of Disbursement Candidate Contribution Candidate Name Mr. Timothy Scott	SC 29407	Cat	011 tegory/	1000.00
		ement For: 2012 Primary General Other (specify)	<u>  '</u>	уре	Candidate Contribution
	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress, Inc.				Transaction ID: 33485057 Date of Disbursement
	Mailing Address PO Box 3750				06 06 7 27 7 2011
	City Brentwood	State Zip Code TN 37024			Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Marsha Blackburn		Cat	011 tegory/	1000.00
	Office Sought: X House Disburs Senate	ement For: 2012 Primary General Other (specify)	<u>,                                     </u>	jpo	Candidate Contribution
	State: TN District: 07	_ Other (specify) ♥			
		Other (specify)			Transaction ID: 33485063 Date of Disbursement
	State: TN District: 07 Full Name (Last, First, Middle Initial)	Other (specify)			
	State: TN District: 07 Full Name (Last, First, Middle Initial) BAMPAC	State Zip Code MD 21203			Date of Disbursement
	State: TN District: 07  Full Name (Last, First, Middle Initial) BAMPAC  Mailing Address PO Box 2315  City	State Zip Code		011	Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State: TN District: 07  Full Name (Last, First, Middle Initial) BAMPAC  Mailing Address PO Box 2315  City Baltimore  Purpose of Disbursement	State Zip Code	Cat	011 tegory/	Date of Disbursement  O 6 Disbursement  Amount of Each Disbursement this Period
	State: TN District: 07  Full Name (Last, First, Middle Initial) BAMPAC  Mailing Address PO Box 2315  City Baltimore  Purpose of Disbursement Committee Contribution  Candidate Name BAMPAC	State Zip Code	Cat	tegory/	Date of Disbursement  O 6 Disbursement  Amount of Each Disbursement this Period

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NAME OF COMMITTEE (In Full)				
American Optometric Association Politica	Action Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: 33485070	
Kentucky State Democratic Party Commit	tee		Date of Disbursement	-
Mailing Address P O Box 694			06 7 27 7 2011	
City Frankfort	State Zip Code KY 40602		Amount of Each Disbursement this Per	riod
Purpose of Disbursement			5000.00	
Committee Contribution		011		
Candidate Name		Category/ Type		
Office Sought: House Disburs Senate	ement For:  Primary General		Committee Contribution	
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Moran For Kansas			Transaction ID: 33485136 Date of Disbursement	
Mailing Address PO Box 1151			0 6 M / 2 7 / Y 2 0 1 1 Y	
City Hays	State Zip Code KS 67601		Amount of Each Disbursement this Per	riod
Purpose of Disbursement	77001		1000.00	
Candidate Contribution		011		
Candidate Name Mr. Jerry Moran		Category/ Type		
	ement For: 2016		Candidate Contribution	
X Senate X	Primary General Other (specify) ▼			
State: KS District:	(- p)/ •			
Full Name (Last, First, Middle Initial)			Transaction ID: 33485433	
Tim Bishop For Congress			Date of Disbursement	-
Mailing Address PO Box 437			06 7 28 7 2011	
City Farmingville	State Zip Code NY 11738		Amount of Each Disbursement this Per	riod
Purpose of Disbursement	11/36		2000.00	
Candidate Contribution		011		
Candidate Name Rep. Timothy Bishop		Category/ Type		
3 7	ement For: 2012		Candidate Contribution	
Senate X	Primary General Other (specify) ▼			
State: NY District: 01				
SUBTOTAL of Disbursements This Page (optional)			8000.00	
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	City Tucson	Sta AZ		Zip Code 85732					Amou	nt o	t Each	ı Disi	burse	-	-	
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	Candidate Name Rep. Gabrielle Giffords				С	ate Ty	gory/ pe									
	Office Sought:  X House Senate President State: AZ District: 08		ent For: rimary ther (spe	2012 General			-		Candi	idat	e Co	ntrib	utior	1		
	Full Name (Last, First, Middle Initial) TOMPAC - To Overcome The Major	rity PAC							Trans Date of		-	_		438		
	Mailing Address P O Box 752								0 <sup>M</sup> 6	М	<sup>/</sup> D <sub>2</sub>	28	/	ž	0 1 1	Y
	City Des Moines	Sta IA	te	Zip Code 50303					Amou	nt o	f Each	n Disl	burse		t this F	
	Purpose of Disbursement Committee Contribution				Г	01	11			-	_			25	00.00	
	Candidate Name TOMPAC - To Overcome The Major	rity PAC				ate Ty	gory/ pe									
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	Full Name (Last, First, Middle Initial) Marco Rubio For Us Senate								Trans Date of	of D	isburs	emei				
	Mailing Address PO Box 140420								0 <sup>M</sup> 6	М	<sup>D</sup> 2	28		ž	0 1 1	Y
	City Miami	Sta FL		Zip Code 33114					Amou	nt o	f Each	n Disl	burse	men	t this F	Period
	Purpose of Disbursement Candidate Contribution				Г	01	11		L.	_				10	00.00	
	Candidate Name Sen. Marco Rubio						gory/									
	Office Sought:  House X Senate President		ent For: rimary ther (spe	2010 General		,	•		Candi	idat	e Co	ntrib	utior	1		
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	ull Name (Last, F anchin For W	First, Middle Initial) Vest Virginia										334 ement	35448	3	
Ma	ailing Address	PO Box 5202							0 <sup>M</sup> 6	M /	<sup>D</sup> 2	8 /	Y	0 1 1	1 Y
Cit Cl	ity harleston			State WV	Zip Code 25361				Amou	int of	Each	Disbur			
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NAME OF COMMITTEE (In Full)  American Optometric Association Political A		COMMITTEE TO S	olicit contributions from such committee
American Optometric Association Folitical	Action Committee		
Full Name (Last, First, Middle Initial) PAC to the Future			Transaction ID: 33485482 Date of Disbursement
Mailing Address PMB 3230 268 Bush Street			06 06 28 7 2011
San Francisco	State Zip Code CA 94104		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Committee Contribution		011	2500.00
Candidate Name PAC to the Future		Category/ Type	
President	nent For: Primary General Other (specify) ▼		Committee Contribution
State: District: Full Name (Last, First, Middle Initial)			
Upton For All Of Us			Transaction ID: 33485485  Date of Disbursement
Mailing Address P.O. Box 490			06 28 7 2011
•	State Zip Code MI 49085		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	2000.00
Candidate Name Rep. Frederick Stephen Upton		Category/ Type	
Office Sought:  X House Senate President State: MI District: 06	nent For: 2012 Primary General Other (specify)		Candidate Contribution
Full Name (Last, First, Middle Initial)  Karen Bass For Congress			Transaction ID: 33488071 Date of Disbursement
Mailing Address 777 S. Figueroa Street Suite 4050			06
	State Zip Code CA 90017		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	1000.00
Candidate Name Rep. Karen Bass		Category/ Type	
Office Sought:  X House Senate President  Disburser	nent For: 2012 Primary General Other (specify)		Candidate Contribution
State: CA District: 33			
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	5500.00
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V	NAME OF COMMITTEE (In Full)	ine and addre	ss of arry political	i committee to so	ilcit contributions from such committee
$\rangle$	American Optometric Association Politic	al Action Co	ommittee		
	Full Name (Last, First, Middle Initial) Ribble For Congress				Transaction ID: 33488075 Date of Disbursement
	Mailing Address PO Box 7200				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Y & Y & Y & Y \end{bmatrix} \ Y$
	City Appleton	State WI	Zip Code 54912		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution			011	1000.00
	Candidate Name Mr. Reid Ribble			Category/ Type	
	Senate President	rsement For: X Primary Other (spe	2012 General ecify)		Candidate Contribution
	State: WI District: 08				
	Full Name (Last, First, Middle Initial) Martin Heinrich For Senate				Transaction ID: 33488081  Date of Disbursement
	Mailing Address P.O. Box 25763				$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & 2 & 0 \\ & 2 & 9 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & 1 \\ & 2 & 0 & 1 & 1 \end{bmatrix}$
	City Albuquerque	State NM	Zip Code 87125		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution			011	1500.00
	Candidate Name Mr. Martin Heinrich			Category/ Type	
	Office Sought:    House   Disbu     X   Senate     President     State: NM   District:	rsement For: X Primary Other (spe	2012 General		Candidate Contribution
	Full Name (Last, First, Middle Initial) Pascrell For Congress				Transaction ID: 33488083 Date of Disbursement
	Mailing Address P.O. Box 640				$\begin{bmatrix}\begin{smallmatrix}M&M&M\\D&G\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}D&D&D\\D&D&D\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\D&D&D&D\end{smallmatrix}\end{bmatrix}^{Y}$
	Mailing Address P.O. Box 640  City Totowa	State NJ	Zip Code 07511		Amount of Each Disbursement this Perio
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	City Totowa Purpose of Disbursement Candidate Contribution Candidate Name Rep. William J. Pascrell, Jr.  Office Sought:  X House Senate President Disbu		2012 General	Category/	Amount of Each Disbursement this Period
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$\rangle$	NAME OF COMMITTEE (In American Optometric As	•	on Committee					
	Full Name (Last, First, Middle Hahn For Congress  Mailing Address 8665 V	e Initial) Vilshire Blvd #220			Transaction ID:  Date of Disbursem	ent	0 1 1 <sup>*</sup>	
	City Beverly Hills Purpose of Disbursement Candidate Contribution	State CA	Zip Code 90211	011	Amount of Each Di		t this Pe	eriod
	Candidate Name Janice Hahn			Category/ Type				
	Office Sought: X House Senat President	e Prima dent X Other	nary Genera er (specify) <b>▼</b>	al	Candidate Contri	ibution		
	State: CA District: 3	36   Special-Prim	1ary2011					

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	121000.00

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NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial) Bank of America  Malling Address PO Box 790251  City State Zip Code St. Louis MO 63179  Purpose of Disbursement District:  Full Name (Last, First, Middle Initial) Bank Fee  Ganddate Name  Office Sought: House President District:  Full Name (Last, First, Middle Initial) Bank of America  Malling Address PO Box 790251  City State District:  Full Name (Last, First, Middle Initial) Bank of America  Malling Address PO Box 790251  City State Zip Code St. Louis MO 63179  Category' Type  Office Sought: House Primary General Disbursement For:  Full Name (Last, First, Middle Initial) Bank of America  Malling Address PO Box 790251  City State Zip Code St. Louis MO 63179  Category' Type  Office Sought: House Primary General Other (specify) ▼  Transaction ID: 33513992 Date of Disbursement MO 63179  Amount of Each Disbursement In State Senate Primary General Other (specify) ▼  Transaction ID: 33513993 Date of Disbursement In State Senate Primary General Other (specify) ▼  Transaction ID: 33513993 Date of Disbursement In State Senate Primary General Other (specify) ▼  Transaction ID: 33513993 Date of Disbursement In State Senate Primary General Other (specify) ▼  Transaction ID: 33513993 Date of Disbursement In State Senate Primary General Other (specify) ▼  Transaction ID: 33513993 Date of Disbursement In State Senate Primary General Other (specify) ▼  Transaction ID: 33513993 Date of Disbursement In State Senate Primary General Da	25 29
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Office Sought:  House  Senate  President  State:  District:  Primary  General  Other (specify)  ▼  Full Name (Last, First, Middle Initial)  Bank of America  Mailing Address  PO Box 790251  City  State  Zip Code  MO 63179  Purpose of Disbursement  American Express Fee  Office Sought:  House  Primary  General  Other (specify)  ▼  Office Sought:  House  Primary  General  Other (specify)  ▼  State:  District:  Primary  General  Other (specify)  ▼  Eull Name (Last, First, Middle Initial)  Bank of America  Mailing Address  PO Box 790251  City  State  Zip Code  American Express Fee  American Express Fee  Other (specify)  ▼  City  State:  District:  Primary  General  Other (specify)  ▼  City  State  Zip Code	
Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 790251  City State Zip Code MO 63179  Purpose of Disbursement American Express Fee  Candidate Name  Office Sought: House President President State: District:  Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 790251  Transaction ID: 33513992 Date of Disbursement In Mo 63179  Amount of Each Disbursement In State Senate Primary General Other (specify) ▼  Transaction ID: 33513992  Amount of Each Disbursement In State Senate District:  Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 790251  City State Zip Code St. Louis MO 63179  Purpose of Disbursement Bank Fee Candidate Name  Office Sought: House Senate Disbursement For: Senate Primary General Bank Fee  Candidate Name  Disbursement For: Senate Primary General Bank Fee  Bank Fee  Bank Fee  Bank Fee	
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